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The Pennsylvania Municipal League strengthens and empowers effective local government through advocacy, education, and support for our members.

The League is a nonprofit, nonpartisan organization established in 1900 as an advocate for Pennsylvania's 3rd class cities. Today, The League represents participating Pennsylvania cities, boroughs, townships and home rule communities that all share The League's municipal policy interests. Our Board of Directors oversees the administration of a wide array of municipal services including legislative advocacy (on both the state and federal levels), publications designed to educate and inform, education and training certification programs, membership research and inquiries, programs, and group insurance trusts.

We are continually monitoring the needs of our members and are committed to providing the commonwealth's municipalities with cost-effective programs and services required to meet the distinct needs of their communities.

The *Municipal Reporter* is a publication of the Pennsylvania Municipal League, the Pennsylvania State Association of Township Commissioners and the Association for Pennsylvania Municipal Management. It is published six times a year on a bimonthly basis. Opinions expressed by authors and advertisers are not necessarily those of the officers, members and staff of The League.

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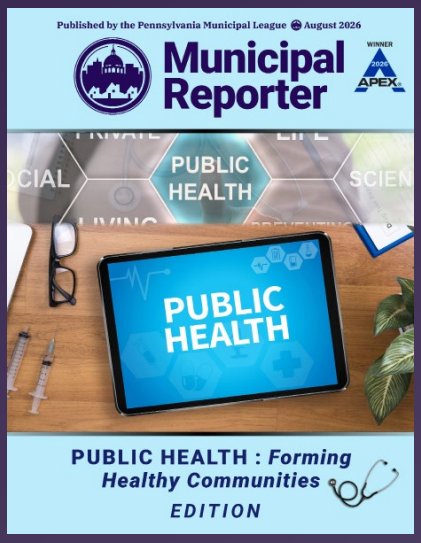

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September 29
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The League President's **Message**

WILLIAM J. REYNOLDS
MAYOR
CITY OF BETHLEHEM

Pennsylvania Municipal League

Strong communities don't happen by accident. They are built through intentional investments in the people and places that allow everyone to thrive. While public health is often associated with healthcare systems, municipal leaders know that health begins long before someone walks into a doctor's office. It is reflected in the neighborhoods we build, the parks where children play, the streets we make safer for pedestrians and cyclists, the housing we create, and the opportunities we provide for every resident to thrive.

As local officials, we have the privilege and responsibility of shaping the conditions that support healthier communities every day. Whether we're expanding access to green space, investing in safe and complete streets, improving aging infrastructure, strengthening emergency preparedness, or creating more affordable housing opportunities, our decisions have a direct impact on the quality of life of the people we serve.

In Bethlehem, we are proud to have an incredible and active Health Bureau but we've also learned that our greatest progress comes through partnership. By working alongside healthcare providers, schools, nonprofits, businesses, and residents, we've been able to tackle challenges that no one organization can solve alone.

That same spirit of collaboration is evident in municipalities across Pennsylvania. From large cities to small boroughs and townships, local governments are finding innovative ways to improve community health, expand access to recreation, prepare for emergencies, address food insecurity, and create environments where residents of every age can succeed.

I hope the stories and ideas shared throughout these pages inspire continued collaborations, and reinforce what we already know: when local government invests in healthy communities, everyone benefits.

Sincerely,

William J. Reynolds

William J. Reynolds
Mayor, City of Bethlehem

The League Executive Director's **Message**

JOHN BRENNER

Six years ago, several League staff, along with about a dozen Pennsylvania local officials were in attendance at the National League of Cities Congressional City Conference. The conference, held annually in Washington DC, brings over 3,000 local leaders together from all over the nation. We hear from leaders in Congress and the Administration and we hit Capitol Hill to advocate for our legislative priorities. It was March 2020.

Covid had been in the news with a few cases on the west coast and of course a growing number overseas. But during the conference, it became clear that something bigger was about to happen. I noticed a few attendees wearing masks. And elbow bumps started replacing handshakes. During one of our meetings, we got word that back home there was a run on grocery stores and toilet paper was literally flying off the shelves. Before the conference had ended, the World Health Organization officially declared the coronavirus outbreak as a global pandemic.

In the blink of an eye, our work, school and our daily lives changed dramatically. Through it all, local government kept right on working every day. We all learned many lessons from that time and regardless of the varying viewpoints of what went right and what didn't, local leaders were focused on public health and safety of their residents.

This issue of the Municipal Reporter focuses on public health & safety. Beyond police, fire and emergency medical services, the overall health & safety of our neighborhoods is vitally important to our way of life. One tool to help you gauge your progress with clean air, water, economic and community indicators is our Sustainable Pennsylvania program. This FREE resource from The League helps you drill down on food, health, wellness and a variety of other factors that impact healthy communities.

Sincerely,

John S. Brenner

Pennsylvania Municipal League

Executive Director's Video Report

Inside **The League**

ABE AMORÓS
DEPUTY EXECUTIVE DIRECTOR - OPERATIONS – CHIEF DIVERSITY OFFICER

With summer in full swing at The League, we'd like to begin by welcoming our new Trusts Member Services Manager, Jessica Noble, who comes to us from State Farm with relevant insurance experience along with excellent people skills. She compliments the Trusts team with Lori Heenan, our Director of Trusts, and Polina Teslenko, our Insurance Services Representative. Join us in welcoming Jessica to our team as we head into what appears to be a very busy fall.

Speaking of fall, we are thrilled to announce that The League is partnering with Penn State to provide a professional development pathway that focuses on training for newly elected officials as well as workforce development. The program will consist of nine core courses and one elective for a total of 10 courses. Look for more information on this exciting pilot program that begins in September which will also be highlighted during our Annual Municipal Leadership Summit in October.

As we head into election season this fall, namely mid-term elections at the national level, we are reminded of the need to continue with our civility work. In July, I attended an event hosted by the Committee of Seventy, an independent, nonpartisan, nonprofit organization which advocates for the improvement of government in Philadelphia and Pennsylvania. Founded in 1904, its board of directors is made up of 70 business, legal, and civic leaders. The Committee of Seventy focuses on issues such as elections and voting, campaign finance, ethics and transparency, and redistricting. During an event at the National Constitution Center in mid-July, historian and noted author Jon Meacham reminded us how delicate democracy still is and how it can never be taken for granted. He reminded us that we are not enemies but neighbors and that we have more in common than not when we actually put time and effort in getting to know each other. We should approach different views and individuals who think differently than we do with curiosity, candor and empathy.

The League has also launched a podcast, Engaged With The League. Our inaugural episode features Mayor Sandie Walker from the City of York along with our executive director, John Brenner, as they discuss The Compassionate Clear Out, an innovative way of dealing with our unsheltered communities. You can find our podcast on Spotify, our YouTube channel, and our website. Look for more podcasts this fall which will examine other topics of great importance for League members!

From Inside The League,

Abe Amorós

Abe Amorós

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Treating Gun Violence as a Public Health Crisis -

Baltimore cut its homicide rate by 60% from 2021 to 2025—largely through a public health approach to gun violence.

A Contagious Peace: Behind Baltimore's Historic Homicide Reduction

BY MELODY SCHREIBER, ARTICLE ORIGINALLY APPEARED IN THE SPRING/SUMMER 2026 ISSUE OF HOPKINS BLOOMBERG PUBLIC HEALTH MAGAZINE AND IS REPRINTED WITH PERMISSION • PHOTOS BY MOLLYE MILLER AND CHRIS HARTLOVE

In eighth grade, Da'Wan started hanging out in the streets—shorthand for staying out late, dealing drugs, and generally getting in trouble. He felt like he was part of something: a family, a brotherhood. Take Ty, at age 19 a revered elder. Mornings, Da'Wan would hop in Ty's car and they would drive around, but then Da'Wan would look up and realize Ty had taken him to school. Ty was like that—trying to steer the younger boy toward the right path. But when that didn't stick, he taught him everything he knew about navigating the streets.

Once, in 2024, Da'Wan tried to get out of the life, going to live with his dad in Newark, Delaware. It only lasted two weeks. "I love Baltimore. I couldn't do it," Da'Wan says. "I had to go home." He took an Uber back to his mother's house—a $128 ride, but worth it to be back to the only place he'd ever felt he belonged. It was sheer chance—or, as Da'Wan now likes to think, God's will—that he stayed home one day last April when the gunshots rang out. But Ty was outside. He died of his wounds.

Da'Wan and Daquan at Roca headquarters. Photo: Mollye Miller

Ty's death tore at Da'Wan. Perhaps the worst part was seeing Ty's mother grieving. "I seen what his mother was going through, and every time I looked at his mother, I seen my mother," he says. He didn't want to cause his mom to suffer. And, at 16, he was tired. He didn't want to spend his whole life looking over his shoulder.

When Ty died, someone from Roca knocked on Da'Wan's door. Roca is a gun violence prevention program that began in Massachusetts and expanded to Baltimore in 2018. The Roca worker asked what Da'Wan needed to get his life back in order. A safe place to live, food, help getting a job? Now, at 17, Da'Wan has a girlfriend and a steady job at Burger King. He's planning to graduate high school in August. One day, he hopes to be a mentor with Roca, to "help people and to tell them not to do what I did."

Gun violence becomes the priority

In 2025, Baltimore homicides plummeted to 133—a nearly 60% decline since 2021, and the lowest rate per 100,000 people in a half century. Homicides are falling in many cities nationally, but Baltimore's pattern is different. It preceded the national decline, and it fell further and faster than in any other American city. The reasons are complex. For instance, the recovery of "ghost guns," which carried no serial numbers and can be assembled at home, dropped dramatically after federal and state rules requiring their sale be treated like any other gun. But one major reason for the change, advocates believe, is because of slow and steady changes led by Mayor Brandon Scott, the community, and organizations like Roca. They treat gun violence as a public health issue that can be greatly reduced by stable housing, quality employment, access to transportation, and other opportunities for kids like Da'Wan, who was connected to Roca via Baltimore's group violence reduction strategy (GVRS). Roca helped him get his state ID card so he could get a job, and now they're working on his driver's license. One night, when he had a fight with his mom, they put him up at a hotel. Without that safety net, his only option would have been going back outside.

"Gun violence often acts analogous to a contagious process. We think of it as a social contagion," says Daniel Webster, a distinguished scholar at the Bloomberg School's Center for Gun Violence Solutions. Just as measles or sexually transmitted infections spread through social networks, so does gun violence. And shootings don't just affect shooters and victims—they ricochet through communities. Arrest and incarceration, too, can metastasize. Funneling people into the criminal justice system cuts off their options. Many of the people at risk of gun violence also live in neighborhoods that have long been neglected.

Mayor Scott, elected in 2020, made reducing gun violence his No. 1 priority. It's the reason he became a public servant, he says. "As a young, poor Black man who experienced gun violence and all the impacts of gun violence at a very young age, it is the top priority for me and always will be," he says. Even as a City Council member more than a decade ago, he spoke about gun violence as a public health issue. Before that, he worked in the Mayor's Office on a previous attempt at curbing gun violence. Growing up in Park Heights, he saw every failed effort firsthand. "All they did was really make life hectic for folks like me, right? Because I wasn't ever involved in those things, but there were seven times in my life where I was put in handcuffs simply because I was breathing and Black outside." Those harsh policies never made a dent on homicide rates, he says: "The bodies did not stop dropping."

Baltimore's first comprehensive violence prevention plan takes public safety beyond police, prosecution, and prison by working closely with community groups to focus on prevention and support for those most affected by the violence.

The community organizations, some partially funded by the Mayor's Office, connect people to education and life coaching. They help get documents like IDs, birth certificates, and Social Security cards, and they help expunge criminal records, making it easier to get jobs. They pay energy bills and fill gas tanks; they offer emergency relocation, financial stipends, transitional employment support, drug treatment—even helping people to reconnect with their families.

Community members say the programs have begun shifting their experience of life in the city. "Our entire Baltimore public is seeing themselves as an active part of making Baltimore an increasingly peaceful city," says Stefanie Mavronis, director of the Mayor's Office of Neighborhood Safety and Engagement (MONSE). "The same way that violence is a contagion, peace is also contagious."

Mayor Brandon Scott, Baltimore, 2022

Small number of offenders, outsized effects

There are different forms of gun violence: domestic violence, mass shootings, suicide, and more. But in Baltimore, as in many cities, group-related violence predominates, responsible for 50%–70% of all gun violence. It's different from gang violence, which only contributes to 11% of homicides nationwide, Scott points out. It's usually interpersonal conflict— "just simple, basic human conflict." And when they dug into the data, they realized that most people who were being arrested for gun charges weren't actually the worst offenders. "It's a very small number of people committing the majority of our violence," Mavronis says.

Focused deterrence strategies like GVRS that partners with law enforcement, neighborhood representatives, city officials, and community organizations like Roca, have been around, in various forms for more than 30 years. The program under Mayor Scott began in 2022 as a pilot in one police district. Now it's in five, with plans to encompass all nine districts within the next year or so. They don't just identify the victims of gun violence; they look at family and friends who might also be driven to retaliate, putting them at the highest risk of being involved in the next shooting.

Every Thursday, a group gathers in a church in the heart of Baltimore. Police officers and representatives from the Mayor's Office and community groups together review each group-related shooting in a slide

show, put together by the Mayor's Office, of individuals with any connections to the shootings. Some weeks, there are none; sometimes, there are 10 or 15. At a recent meeting, when a photo flashed on the screen, one woman from a community group stirred: "I knew him years ago, used to do his hair. His grandma lives next door to me, and his father lives around the corner," she says. This often happens—a community representative knows someone who might help get the message across.

In the days and weeks after each meeting, all three groups—the Mayor's Office, the police, and the community representatives—coordinate times to knock on doors, call cell phones, walk the block, and try to reach the individuals they've identified with a two-pronged message.

First, the stick: The individual is on the police's radar now, and they will suffer the consequences if they commit any violence, the law enforcement officers warn. Crucially, the next part is the carrot: "We're going to promise to try to help you change in a different direction, in a safer direction," Webster says. Many of the people they identify are caring for others in their lives: grandparents, parents, children. "You can't continue to put yourself at risk," Mavronis says. "You have to be there to provide for them. What can we do to make sure that you are set up for success and that you're able to stay in that place and on the right path?"

This is more than just police clearing a corner, making as many arrests as possible. "I've actually studied that, and it doesn't work particularly well in curbing violence," Webster says. "That was a very inefficient, unfair, and frankly ineffective way to try to curb violence." Sometimes, it actually can spur more violence, and it means a lot of people end up with criminal records, which makes it harder to find safer paths.

Instead, a public health approach means digging into the data, focusing on those at highest risk, constantly evaluating what is working and what isn't. This program is a form of harm reduction, Webster says: "As long as they are not doing the most harmful thing, which is shooting people, we're not going to bother them. And that is the shift, and truly a reform in policing and the criminal justice system."

The mayor making the initiative a top priority has helped its success—but Scott also points to the importance of providing enough resources and making prevention comprehensive by focusing on gun trafficking, manufacturers and distributors, hospital-based prevention teams, investments in the workforce, and the expansion of community groups. "It's all of it together, but GVRS is the flagship because it is us doing what we should have always been doing—and that's focusing in on the people who are the most likely to be the victim or perpetrator of gun violence and building cases on those who refuse to put down the guns and giving the other people the opportunity to change their life," Scott says. "People are resolving their conflicts in a different way, because now the city's culture is 'No, we can do something different. We can be better.'"

Community showing care

The key part of this work is the partnership with community service providers. The biggest partners are Roca and YAP, which do intensive outreach and case management with an evidence base of success, Biddle said. But other organizations and individuals are also an integral part. One of the community organizations is the PEACE Team. Eric "EB" Brown founded it six years ago, while serving a 27-year sentence for drug charges, as a way to mediate conflicts behind bars. He has since recruited mentors in other facilities across Maryland as well. When the mentors got out, they brought PEACE with them. There are now between 30 and 45 mentors working in Baltimore and other parts of Maryland, doing anything the community might need: wellness checks, snow removal, helping elders carry groceries, and cooling conflicts. They also show up at school dismissals to help solve problems that arose during the day and make sure kids get home safely. They'll show up in the morning, too, because some kids hang out in front of the schools, smoking weed, gambling, and shooting dice.

"We've been on the path that you're on," says Brother Angola, PEACE Team's chief administrative director. "We know how your story is going to end way before you even get to that point. So let's try to change this, and we'll help you change it. We'll provide you with the resources that you may need to change this outcome." Support from the Mayor's Office has been "a game changer" for the PEACE Team. "We're locked

into Mayor Scott's vision," Angola says. Brown adds: "What we try to do is change the culture. Bringing life back into the community. And we see that it makes a difference."

The gift of gab

Safe Streets is the Baltimore version of Cure Violence, which was developed by an infectious disease epidemiologist in Chicago; it's now rolled out to 10 neighborhoods in Baltimore. Safe Streets is managed by the Mayor's Office and the nonprofits Catholic Charities of Baltimore and LifeBridge Center for Hope. Violence interrupters are usually from the neighborhoods they work in, and they often still live there.

"We've been studying the program since its inception, so we have a lot of data points for some neighborhoods that go back to 2007 and 2008," Webster says. "Not every site has success, and there are certain sites that might have periods of success and then rebound into not-good outcomes." While interrupters are very good at mediation, they still need more resources to offer the community, like what GVRS programs offer, including emergency rental assistance and help signing up for eligible benefits, Webster says. "None of that is guaranteed with Safe Streets."

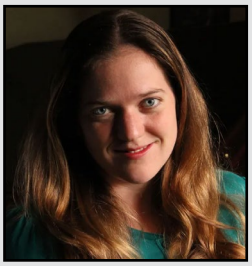
A weekly meeting of the joint initiative between the Mayor's Office, the Baltimore PD, and Community groups

Yet the benefits of the program are immense. Every dollar invested in Safe Streets yields an estimated $7.20 to $19.20 in economic benefits. Nearly everyone on the street is out there because they don't see any other way, Long says. "Nobody woke up and said, 'I want to be the best murderer or the best robber, the best dope dealer,'" he says. They're just trying to survive—and when they have other options, "they always choose the right thing." Violence often happens when someone feels like his back is against the wall, Long says. "We really try to find ways to eliminate people feeling like this is their only option." Someone might have an argument with their child's mother and then head down the block to try to cool off, but the wrong joke or comment can set off "a little Armageddon," Long says.

It's dangerous work; some interrupters have died. Safe Streets interrupters aren't armed, of course, and they don't wear bulletproof vests. "The guys and ladies at Safe Streets, they're excellent at their wordplay," Long says. "That's the only weapon we have. So when we go into situations, we only got the gift of gab." The mission is also personal for many, if not all, interrupters. In 2017, Long's sister lost her life to gun violence over a "senseless beef," he says. They know there are dangers to inserting themselves into situations at the worst moments in other people's lives, but they still do it.

These role models are particularly powerful because they were long admired already. "They are the same influencers who once had all the neighborhood kids wanting to sell drugs and get the best cars and all the money," says De'Ashia Gibbs, violence prevention coordinator at McElderry Park. "That's not the way anymore—what's cool is to be a good dad, and stay in school, and take care of your grandma and your mother, and to be a good man. ... Someone can be the biggest, baddest gangster alive, but when you know your family and your community doesn't feel safe with you around, that causes a shift in your mindset. What's more important to me, being a tough guy or being able to be welcomed in my grandmother's house?"

The decline to 133 deaths in 2025 feels like a dream, Gibbs says—and it's a reminder of what's possible. "If we could get that low, then we could get lower," she says. "If we continue to have the leadership that supports this type of work, then I can't imagine how much better it can get."



Melody Schreiber is a journalist based in the Washington, D.C., area.She is focused on health, science, and the Arctic, and she has reported from every inhabitable continent. She is the editor of What We Didn't Expect: Personal Stories About Premature Birth, published by Melville House.

Care at a Crossroads: Strengthening EMS is an All-Hands Commitment

BY DEBRA L. BOGEN, MD, FAAP, PENNSYLVANIA SECRETARY OF HEALTH

When an emergency strikes, it can be difficult to think clearly.

That's why from an early age, children are taught to memorize an important phone number: 911.

Even when a situation seems dire, there's a reassuring comfort in knowing that dialing those three numbers will open a direct line to trained professionals who are there to help.

Every year, Pennsylvania's 17,000 emergency medical services (EMS) professionals respond to more than 2.3 million calls for help. While response times and availability are crucial for delivering life-saving care, the true strength of EMS lies within the people, equipment, and preparedness.

Throughout the country, EMS agencies are facing funding and staffing challenges. In some communities, local hospitals have closed or reduced services, requiring longer ambulance transports and creating potential gaps where resources are spread thin.

Governor Josh Shapiro recognizes that timely and quality EMS is an essential part of the Commonwealth's health care system and needs to be supported to fund both readiness and response. That is why the Shapiro Administration has invested more than $79 million into the EMS field since 2023 when the Governor took office.

Varying Community Needs

The Pennsylvania Department of Health's (DOH) Bureau of Emergency Medical Services publishes data reports to provide a snapshot of the EMS resources – and demands for those resources – throughout the Commonwealth. The most recent report, published in February, covered data from 2024.

In that year, the Pennsylvania EMS system included 1,217 agencies that responded to 2,360,179 calls for service. Of those responses, 76.4% originated as 911 emergency calls. Of those 911 calls, 63% resulted in a patient being transported to an emergency department.

Table 1. EMS Data Summary Figures, 01/01/2024 – 12/31/2024

Metric	Count	% of Total
Total of service requested	2,360,179	
911 response (scene)	1,746,197	74.2%
Intercept*	14,927	<1%
Interfacility transport	196,121	8.3%
Medical transport	349,164	14.8%
Mutual aid	33,414	<1%
Public assistance	4,847	<1%
Standby Dispatch	9,604	<1%
Total emergency records	1,799,385	76.4%

Table 3. EMS Emergency Incident Disposition Figures, 01/01/2024 – 12/31/2024

Incident/patient disposition	Count of incident disposition	% of incident dispositions
Patient treated, transported by this EMS unit	1,186,441	62.91%
Canceled After Initial Dispatch	208,930	11.08%
Non-Transport Response	161,681	8.57%
Patient Refusals	77,482	4.11%
Patient treated, transferred care to another EMS unit	62,208	3.30%
Patient treated, released (per protocol)	49,442	2.62%
Patient evaluated, no treatment/transport required	39,825	2.11%
Standby-public safety, fire, or EMS operational support provided	28,728	1.52%
Involving a Fatality	24,401	1.29%
Cardiac Arrest Primary Impression	22,112	1.17%
Public Assistance	14,579	0.77%
Cardiac Arrest Resuscitation Attempted	9,978	0.53%

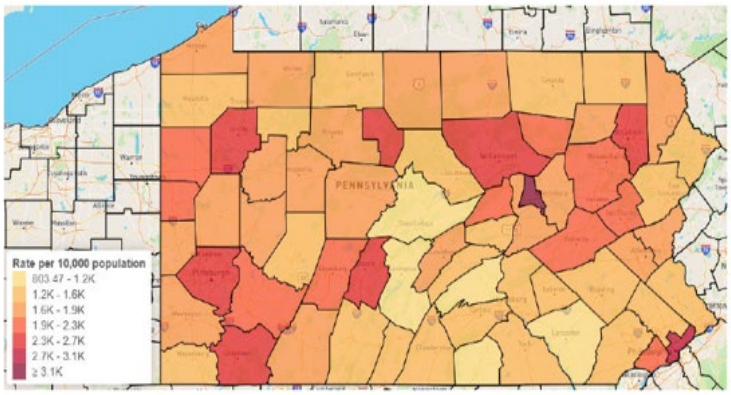
Source: Biospatial Data Repository, 2025

Link to: 2024 EMS Data Report

The volume of EMS calls varies greatly from county to county, affected by geography, demographics, number and type of health care facilities, and other variables. Communities with higher call volumes per population need more resources to cover response demands, while communities with low call volumes may not generate enough revenue to fully support having local EMS ready 24/7.

Forming Healthy Communities

Map 2. Ground Ambulance Activations per 10,000 population 01/01/2024-12/31/2024



Source: Biospatial Data Repository, 2025.

Link to: 2024 EMS Data Report

Each community must evaluate the needs of its residents, the efficient use of current resources and any additional costs to maintain readiness to determine how to best support its local EMS system.

Pike County leaders created an EMS Matching Grant Program in 2022 that allows municipalities to double their annual EMS contributions, up to 2 mills, creating a reliable and stable funding source. Property taxes in Pennsylvania are calculated by millage rates, with one mill equal to $1 for every $1,000 of a property's assessed value.

Pike County estimates that the program, along with the municipal-level funding, has created approximately $4.4 million for the county's EMS agencies in a single year, per the County's website. In the first year, 12 of Pike County's 13 municipalities participated, resulting in expanded EMS services and operating hours, new transport units, additional stations, and an overall reduction in emergency response time.

The passage of Act 54 in 2024 allows municipalities in Bucks, Delaware and Montgomery counties to raise their emergency services tax from the standard 0.5 mill limit to a maximum rate of 5 mills.

Two municipalities in Bucks County are already taking advantage of this additional funding stream, with Northampton Township enacting a 2 mill EMS tax and Solebury Township approving an annual 1.2902 mill EMS tax.

Investing in Equipment

At the state level, the Shapiro Administration continues to invest in innovative methods that prioritize patients' health, improve outcomes and emphasize efficiency in care.

In 2023, Governor Shapiro secured higher mileage reimbursement rates for ambulances through Act 15, helping EMS agencies improve financial stability, remain open and receive proper reimbursements to cover the costs of the life-saving care they provide.

Since then, the Governor has continued to keep funding EMS in the forefront.

The recently signed 2026-27 budget includes the transfer of an additional $6 million from the EMS Operating Fund (EMSOF) to help EMS agencies pay for equipment, tuition support, recruitment and training assistance. This funding follows a similar $6.6 million boost from EMSOF in the 2025-26 budget.

Investing in up-to-date equipment and the training to use it greatly enhances EMS's ability to improve a patient's condition before reaching a hospital, which can make the difference between life and death.

EMSOF supports local EMS agencies through 13 regional EMS councils and a state advisory council. The regional EMS councils are maximizing the additional funds to purchase, and upgrade, vital medical equipment and improve their emergency response capabilities. Many of the regional councils purchased video laryngoscopes, intravenous (IV) pumps and patient lifting equipment.

Video laryngoscopes improve the success rates of intubations performed in the field. The scope uses advanced technology to provide a clear view

of a patient's airway, allowing EMS professionals to perform the highly technical procedure with greater precision and speed.

Modern intravenous (IV) pumps help EMS professionals administer life-saving fluids and medications to patients safely and more efficiently than what's possible with traditional manual methods.

Modern lift equipment helps prevent some of the most common injuries suffered by EMS professionals. By reducing the number of back injuries that often sideline EMS personnel, agencies can stay fully staffed and able to meet the community's needs at all hours.

Investing in People

While a large portion of the EMSOF allocations help bolster the resources local EMS professionals have at their fingertips, some of the funding is backing recruitment initiatives.

DOH partnered with all 13 regional EMS councils in 2025 to host career days during EMS Week. The special events gave aspiring first responders the opportunity to speak with local EMS professionals to learn more about their jobs through hands-on activities.

DOH also partnered with three EMS units to fund immersive summer camps that allowed 59 high school students to spend one week learning about basic EMS training and EMS opportunities in their communities.

In 2024, DOH launched a three-year tuition-assistance program to help cover the educational costs for Pennsylvanians interested in the EMS profession. The $1 million program is funded by the Fireworks Tax Act and provides individuals who earn EMS certifications with graduated tuition reimbursements based on their training level.

EMS agencies are also eligible to be reimbursed up to $5,000 for costs related to recruitment and retention efforts.

DOH leaders continue to work with EMS Regional Councils to develop innovative ways to further enhance emergency services. The Department's Bureau of Family Health and Bureau of EMS are exploring a pilot program focused on equipping EMS professionals in rural communities to be prepared to provide care for maternal health needs.

With $160,000, DOH purchased two wearable birthing manikin simulators for two EMS regional councils. These simulation devices create a realistic environment that is designed to help medical professionals practice responding to labor, delivery and other pregnancy-related emergencies.

Connecting Rural Communities

The Shapiro Administration is also focused on modernizing the EMS infrastructure in rural communities through Pennsylvania's Rural Health Transformation Plan (RHTP).

The Pennsylvania Department of Human Services announced the first $42 million disbursement from the plan in July, which included 11 projects for EMS and Transportation, one of the six core initiatives guiding the RHTP. The selected projects will use their allotments to purchase ambulances, transport vans and other vehicles to enhance access to emergency and non-emergency transportation.

An Unwavering Commitment

Building a robust EMS system that can meet today's needs and withstand future public health challenges requires creative solutions and support from all levels.

Each community in Pennsylvania is different and requires its own unique infrastructure to ensure that EMS professionals are prepared and empowered to deliver compassionate, life-saving medical care.

The Shapiro Administration is dedicated to discovering even more avenues to support EMS agencies to reciprocate the devotion and passion that fuels the men and women who have committed their lives to answering the call, day in and day out.

When we invest in EMS, we invest in the health and well-being of all Pennsylvanians, helping the next generation grow, prosper and enjoy everything life has to offer.

Dr. Debra Bogen is Pennsylvania's Acting Secretary of Health. Prior to joining the Commonwealth, Dr. Bogen was the Director of the Allegheny County Health Department and spent more than two decades as a member of the Pittsburgh region's medical and research community.

The Hidden Risks of Fatigue and Sleep Loss

BY STEPHEN JAMES, PHD, ASSOCIATE PROFESSOR, DEPARMENT OF TRANSLATIONAL MEDICINE AND PHYSIOLOGY

Across the United States the combined services of first responders typically consume a third to half of a city's budget, with the lion's share going to the police department. These taxpayer-funded agencies do provide critical public safety services, but what are the true costs and how does overtime, fatigue, and sleep loss increase these costs?

We cannot simply look at city budget numbers in isolation to understand the true cost of overtime, fatigue, and sleep loss in first responders. So many of the costs associated with working first responders past reasonable limits remain hidden. Hidden in other city department budgets, hidden in worker compensation claims, hidden in settlement payments, and hidden in the reduced life expectancy of our first responders.

A simplistic assessment would be to look at overtime and confirm the cost to be time and a half, or even double time. When some agencies consider their staffing needs, they factor these costs with the amortized—over the expected employment duration—cost of recruitment and training added to the hourly cost of the first responder. Only when the overtime becomes extremely excessive does this calculation show it would be beneficial to employ more staff. The hidden costs move that needle back showing the cost benefit of adding staff at lower levels of agency overtime. The hidden costs can be broken into three distinct categories: 1) operational, 2) liability, and 3) health and safety.

Operational Costs

First responders perform a much-needed service to the public but at a significant cost to the taxpayer. As good stewards of public funds, those entrusted with managing the services provided and their associated costs should strive to eliminate waste, reduce errors, and maximize efficiencies. One area where fatigue shows significant operational cost increases is driving motor vehicles. A fatigued driver will use more fuel, wear components like brakes and gear boxes out more quickly, and most importantly be more likely to be involved in a collision. We conducted an analysis of all significant collisions involving a police vehicle in the state of California over a 10-year period (2000—2009). The report filed with the California DMV by their Highway Patrol allocated blame for the collision to the officer in a staggering 75.6% of the 35,840 collisions. The cost of repair and loss of service of the vehicles are rarely attributed to staff costs, but the significant amount of overtime first responders work is a major contributing factor in many of these collisions.

It is not just operating a motor vehicle that is impacted by fatigue. All aspects of first responder work are negatively impacted. From the level of curtesy shown to the public, to the accuracy and completeness of written reports, to critical decisions such as use of force. Humans have basic limits with some relatively small individual differences in resilience to fatigue. When you push humans past normal working hours errors become more prevalent.

Liability

A quick Internet search shows the magnitude of government agencies settlements post litigation. The cost of these settlements runs into the billions of dollars each year across the United States. The major categories these lawsuits fall into are 1) vehicle collisions, 2) property damage, 3) civil rights violations & excessive use of force, and 4) medical negligence. Across other industries, most notably the transportation industry, fatigue is recognized as a major contributing factor in critical incidents and wrongdoing. Organizations such as the National Transportation Safety Board (NTSB) will conduct a forensic analysis of operator fatigue post incident. This is rarely, if ever, conducted in first responder incidents. The science surrounding operator fatigue across multiple industries is growing. The literature around the limits of human performance

is convincing. First responder agencies continue to ignore the science and allow their personnel to work excessive hours with little to no sleep. This blind eye to the science is opening doors for *deliberate indifference* lawsuits against the agencies and their governments.

Health & Safety

First responders are value assets to their communities. They are expensive to recruit and train. It is also becoming increasingly difficult to fill open vacancies, especially within law enforcement. Many police leaders speak of the current staffing crisis. Many agencies rely on excessive overtime across their personnel as business as normal to cope with this staffing shortage.

However, this is a short-sighted strategy that puts more strain on the organization and more importantly the women and men serving their communities. The life expectancy of our first responders is between 10 and 22 years shorter than other Americans workers. Insufficient sleep and increased stress while fatigued leads to significant health risks to 1) cardiovascular health, 2) cancer risks, 3) metabolic health, and 4) psychological health. Excessive fatigue erodes the workforce in the short term with officers out sick, injured, and on administrative leave. It erodes the workforce in the long term by officers dying younger or taking early retirement.

First responders out of service or leaving their profession early creates a vicious cycle where agencies fill the service gap with increased overtime. Creating the environment for more sickness, injury, death, and administrative & legal actions.

Normal Working Hours

“Normal” working hours has grown to be something very different in the 24/7 world of first responders. From police working 10 to 12-hour shifts to Fire/EMS working 24, 48, or even longer shifts. The research shows that errors start to creep into an individual’s performance after the 8-hour point in a shift and the longer a person works the more likely errors will occur. However, when it comes to first responders there is relatively little research on the effect of shift length on productivity. The workload certainly plays a role but even more influential is the need to operate 24/7 – working nights comes with its own set difficulties and productivity decreases and errors increase around our circadian low point of 2 to 4 am in the morning. Obtaining sufficient restorative sleep post night shift is challenging due to our intrinsic circadian clocks which tell us we should be awake during the day. This means that first responders working through the nighttime hours carry significant fatigue routinely and struggle to get sufficient sleep to wipe the slate clean and come back to work well rested.

What Does the Science Say

Researchers have been working in the first responder fatigue and performance space for more than two decades but for much longer with humans across other industries. The first fatigue studies were conducted almost 150 years ago for physical fatigue (for example from physical exertion on a given task) and 100 years for sleep loss related fatigue.

What is clear is that when you push people past their limits, bad things happen. Lower cognitive functioning, reduced hand eye coordination, reduced empathy, increased bias, impaired decision making to name but a few of the impacts of fatigue on performance.

Impairment from fatigue has been shown to be equivalent to being legally drunk. Being awake for 24 hours shows the same impairment as a blood alcohol level of 0.10. First responders frequently work more than 24 hours straight. However, even more prevalent is what is described as short sleep where first responders sleep only a few hours each night, or each morning after a night shift. Repeated bouts of short sleep create the same impairment as total sleep deprivation. First responders feel they can operate on this short sleep but in reality, they simply become accustomed to working impaired.

This is where the danger lies. Unlike impairment from alcohol, which is constant and dose dependent, impairment from fatigue introduces instability in our first responders’ performance. While performing a job task (such as driving) they are fine, they are

fine, and then they are temporarily asleep. If their work environment does not change while this lapse of attention hits, they get away with it. For example, if there is no sudden stop sign or bend in the road while they are driving. This then becomes the self-reenforcing behavior, "*I always work these hours and I am fine*". That remains true until it isn't and tragedy strikes.

What Can We Do

The first thing we need to do is respect fatigue and its potential cost to our communities and our first responders. To respect the costs to agency legitimacy, the financial impacts, and risks to health & safety.

Our agencies must implement polices and training to address the impact of fatigue. Leadership at all levels needs to support these policies. There is some light at the end of the tunnel. Fire departments across the nation are moving away from 48/96 shifts in favor of the less fatiguing 24/72. Police departments are enacting policy to restrict excessive overtime, allow on duty napping or paid recover rest periods, and changing officer duties based on fatigue and time of day.

Public safety is a 24/7 activity and will always entitle fatigue. There is no one size fits all solution. Each community has different needs and different resources. But the risks associated with fatigue can be mitigated through policy and training. We owe it to our first responders and to the communities they serve to protect these women and men against fatigue and sleep loss.

Dr. James is an associate professor in the Floyd College of Medicine at Washington State University. His research centers around sleep deprivation in law enforcement officers. He is a core faculty member of the Sleep Performance and Research Center.

Americans Value Their Health - But Many Face Challenges in Taking Care of It

SOURCE: PEW RESEARCH CENTER

Source: Pew Research Center

Published: April 7, 2026

Authors: Giancarlo Pasquini, Galen Stocking, Emma Kikuchi, Isabelle Pula, and Eileen Yam

Methodology: Survey conducted Oct. 20–26, 2025, among 5,111 U.S. adults.

Key Takeaways

- **Importance vs. Execution**: Although Americans say many aspects of health—such as getting enough sleep and managing stress—are extremely important, far fewer report doing a good job at them.
- **Top Barriers**: Americans face many challenges in taking care of their health, with the **price of health care** and **stress management** topping the list.
- **Primary Motivations**: The biggest motivators for taking care of personal health are **preventing future health issues** and **maintaining the ability to go about daily life**.
- **Income Disparities**: Health experiences differ vastly by income tier. Adults with lower incomes are significantly more likely than those with upper incomes to rate their health poorly and report major challenges.

What's Important to Maintaining Health vs. How Well Americans Are Doing

Majorities of U.S. adults rate six health-related behaviors as extremely or very important to them personally, but large execution gaps exist across most categories:

Health Behavior	Rated "Highly Important"	Doing "Extremely / Very Well"	Gap
Getting enough sleep	77%	33%	-44 pts
Managing stress	~75%	~35%	-40 pts
Eating healthy	High Majority	Low Share	-34 to 44 pts
Exercising regularly	57%	28%	-29 pts
Getting an annual physical	56%	53%	-3 pts

Note: Getting an annual physical exam is the only surveyed behavior where importance aligns closely with actual behavior.

Top Challenges in Taking Care of Health

Overall, 67% of U.S. adults report facing at least one major challenge when it comes to maintaining their health, while 33% say none of the items are a major challenge.

Major Challenges Identified:

1. Price of Health Care: 44% (Top economic concern and barrier)
2. Managing Stress: ~33%
3. Lack of Time / Motivation: ~30%

Effort and Motivations for Health Care

Despite the obstacles, the vast majority of Americans put effort into their well-being:

- **Physical Health Effort**: 40% put in a lot of effort; only 7% put in no effort.
- **Mental Health Effort**: 36% put in a lot of effort; 15% put in no effort.
- **Racial & Ethnic Insights**: 54% of Black adults report putting a lot of effort into taking care of their mental health (compared to 38% of Hispanic, 32% of White, and 29% of Asian adults).

Primary Reasons for Putting in Health Effort:

- Lowering risk of future health problems: 78% (Major reason)
- Ability to perform daily activities: 70% (Major reason)
- Looking good physically: 38%
- Following medical advice: 32%
- Avoiding judgment from others: 11%

How Income Shapes Health Experiences

Higher-income Americans consistently rate their physical and mental health higher than lower-income Americans.

Health Ratings by Income Tier:

Income Level	Physical Health (Excellent / Very Good)	Physical Health (Fair / Poor)	Mental Health (Rated Highly)
Upper Income	54%	Lower Share	62%
Middel Income	41%	19%	50%
Lower Income	26%	36%	35%

Key Income Gaps:

- **Health Care Costs**: 54% of lower-income adults say the price of health care is a major challenge, compared to 28% of upper-income adults.
- **Provider Access**: 28% of lower-income adults cite seeing a health care provider as a major challenge vs. 7% of upper-income adults.
- **Health Insurance**: 97% of upper-income adults have insurance coverage, compared to 82% of lower-income adults.
- **Environmental Factors**: Lower-income adults are far more likely to cite local safety (49% vs. 20%) and pollution (57% vs. 37%) as challenges affecting their health.

The Fragile Lifeline: Rural Health Care in Pennsylvania and What Local Leaders Can Do About It

BY SUSAN SCHRACK WOOD, PH.D. DIRECTOR OF COMMUNICATIONS, PA MUNICIPAL LEAGUE

Mary Smith* lives in Dauphin County, her aging parents live in rural Huntingdon County. Like many in the Baby Boomer and Silent Generations, her parents want to remain living independently in their home rather than move into one of the county's four nursing home facilities. According to the Center for Rural Pennsylvania, Huntingdon County has one hospital and three rural health clinics to serve its more than 44,000 residents, at least 21% of them over the age of 65. Mary says for routine healthcare, her parents had to travel 30 minutes over mountainous terrain to the next county to see a personal care physician; a taxing endeavor, particularly in winter. The local hospital handles emergencies, but Mary felt the quality of care was lacking with misdiagnoses and incorrect medication prescriptions which only exacerbated her parents' health conditions.

Specialists are scarce in Huntingdon County. Mary would regularly travel two hours each way to her parents' home to help with medical appointments, which often required driving to State College or Altoona. When Mary's father needed a urologist, and her mother needed memory care she brought them to Penn State Health locations in Lancaster and Hershey. She is now working to get them into assisted living and nursing care facilities in Dauphin County.

Mary's story is a familiar one for those living in rural counties in Pennsylvania. 48 of the Commonwealth's 67 counties are classified as rural where the nearest emergency room, obstetrician, or psychiatrist can be a 40-minute drive away, if it exists at all. For the roughly 3.4 million Pennsylvanians who live in these rural counties, health care isn't given. It's a system under visible strain, particularly for the aging and other vulnerable populations.

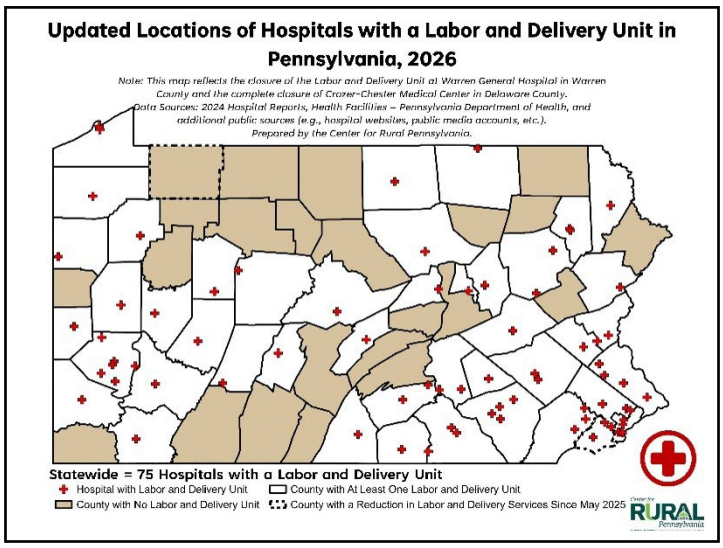
Rural Pennsylvania carries a disproportionate share of the state's chronic disease burden. According to Pennsylvania's Rural Health Transformation Plan (Pennsylvania Department of Human Services, February 2026), rural residents have higher rates of coronary heart disease, obesity, and diabetes than their urban counterparts, and while overdose rates are somewhat lower in rural counties, suicide deaths tell a different story, running higher than in urban areas.[1] These statistics translate into shorter life expectancy, more preventable hospitalizations, and greater strain on a thinning network of providers.

Rural Potter County is in the process of decommissioning its county agency for aging, which protects older adults from abuse and neglect. This is an unprecedented event for the state, although it was the county that made the request. PA Secretary of Aging, Jason Kavulich, introduced a new monitoring system last year for evaluating counties' agencies and responses to aging populations needs. 30 local agencies have been assessed so far, and of those, 16 have fallen below the 75% threshold in the risk and mitigation category, according to department data. Despite the increase over the past decade in the number of older Pennsylvanians who die while their abuse and neglect cases are being investigated, Kavulich said (in that interview) he does not believe there is a crisis.

The problems extend beyond the ageing population to healthcare for the overall population. More than two dozen hospitals have closed in Pennsylvania since 2016, and the trend has only accelerated: a study commissioned by the Hospital and Healthsystem Association of Pennsylvania warns another dozen or more facilities could close in the coming years without state intervention. [2] Some communities are already living the consequences: one small hospital in a northern county closed this year, leaving a rural county of 35,000 residents with just 14 inpatient beds.[3]

Maternal health access has become an especially acute concern. County-level mapping shows large swaths of

*Mary Smith is a pseudonym to protect privacy



rural Pennsylvania are now more than a 20-minute drive from a hospital labor-and-delivery unit, and the state currently has only 75 hospitals with labor and delivery units to serve the entire Commonwealth, a number that keeps shrinking as rural obstetric units close for lack of volume and staffing. [4]

Why Rural Hospitals Keep Closing

Understanding the "why" matters for local leaders trying to intervene early. As reporting in The Conversation (April 2026) explains, rural hospitals operate under a structural bind: they carry high fixed costs for staff, equipment, and facilities that don't shrink even when patient volume does, and they rely heavily on Medicaid and Medicare reimbursement, which typically pays less than private insurance. [5] A hospital in a county of 10,000 people simply cannot spread its overhead the way a suburban academic medical center can.

Federal policy has intensified the pressure. The 2025 federal tax and spending law reduced Medicaid eligibility nationally and capped federal reimbursements to hospitals. This is a direct hit to facilities that depend on Medicaid patients to stay afloat. State officials estimate Pennsylvania could lose roughly $20 billion in federal Medicaid funding over the next decade, beginning in 2028, on top of the $32.6 billion the Commonwealth currently receives annually.[6] Pennsylvania is set to receive close to $200 million in 2026 through the federal Rural Health Transformation Program[7], but even with this new federal rural health investment arriving, policy experts caution the funding won't fully offset the deeper Medicaid cuts working their way through the system.[8]

For township and county officials, the practical translation is this: the hospital or clinic anchoring your local economy and emergency response system may be more financially fragile than it appears, and the timeline for a funding gap to become a closure announcement can be short.

Facility closures are the most visible crisis, but they sit on top of a deeper structural problem: not enough people to staff the system that remains. Rural Pennsylvania struggles to recruit and retain physicians, nurses, behavioral health clinicians, EMS personnel, and dentists. Younger clinicians often train in urban academic centers and stay there; rural practices compete against better pay, more manageable caseloads, and spousal employment opportunities in metro areas.

This shortage compounds every other rural health challenge: Behavioral health access is severely limited, even as suicide rates run higher in rural counties than in urban ones. This leaves residents without local options beyond their emergency department or turning to social media. Emergency medical services generally rely on volunteer squads that cover large geographic areas, which means longer response times for time-sensitive emergencies such as heart attacks and strokes. While telehealth is emerging as a possible solution to some primary or routine care issues, not everyone has reliable broadband.

The State's Response

In 2025, the state released its landmark $193 million Rural Health Transformation Plan (RHTP). It is the first stand-alone rural health plan the Commonwealth has produced since 2000 (Pennsylvania Office of Rural Health, Penn State). Developed with input from rural community leaders and health professionals, it prioritizes access to care, behavioral health, oral health, maternal health, workforce development,

broadband connectivity, and health equity. [9] Act 45 of 2025 gives the Department of Human Services clear authority to administer the RHTP, distribute funding, oversee implementation, and monitor compliance with state and federal requirements[10] ; However, in order to balance the overall state budget, the state is delaying $2.6 billion in Medicaid managed care payments over two years. There is concern among those with the Hospital and Healthsystem Association of Pennsylvania that this will impact cash flow in low-income rural clinics.

The Shapiro administration hopes to reduce hospital visits by about 50% and reduce overall healthcare costs by 16% through an "Investments in Health" pilot program. Through the program, Medicaid recipients with certain diet-sensitive chronic health conditions will receive medically tailored meals that can improve their health, reduce the need for hospital stays and other costly interventions, and reduce health care spending.

A $900,000 investment of state funds will expand already existing work in this area, focusing on people with heart disease, diabetes (including gestational diabetes), end stage renal disease, and cancer patients actively receiving chemotherapy. Pennsylvania would be able to leverage additional federal matching funds, bringing total funding to $2.3 million. The pilot is modeled after successful programs in other states.

What Can Local Government Do?

Municipal managers, township supervisors, and borough councils don't set Medicaid reimbursement rates or federal health policy, but local government has some options to improve their rural health options and outcomes.

1. **Treat health system stability as economic development.** A rural hospital or clinic is often among a county's largest employers. Local officials can build early-warning relationships with hospital administrators and health system leadership rather than learning about a closure from a press release. Regional economic development offices and county planning commissions can incorporate health facility viability directly into their long-range planning, the same way they track major employers in manufacturing or agriculture.

2. **Champion broadband as health infrastructure, not just an economic amenity**. With the state's Broadband Equity, Access, and Deployment Program directing over a billion dollars toward closing connectivity gaps, local leaders are well positioned to ensure telehealth-capable broadband reaches the households that need it most, not just commercial corridors. Municipalities that flag underserved pockets during grant application and mapping processes materially shape where that money lands.

3. **Support regional EMS and transportation coordination**. Individual municipalities often can't sustain a fully staffed EMS squad alone. County-level coordination with shared staffing agreements, regional dispatch, mutual aid compacts can stretch scarce paramedics and reduce response times more effectively than each small township trying do it alone. The same logic applies to non-emergency medical transportation: coordinating with area agencies on aging, community action agencies, and rural transit authorities can close real gaps for residents without reliable transportation.

4. **Invest in the local workforce pipeline**. Counties and school districts can partner with community colleges, career and technical centers, and Area Health Education Centers to build "grow your own" pipelines with scholarships or loan-forgiveness incentives tied to local service commitments for nursing, EMS, and behavioral health students. Some of the state's most successful rural retention strategies start with recruiting students who are already from the community.

5. **Weigh in during state and federal funding processes**. Rural Health Transformation Program dollars, State Directed Payments, and BEAD broadband funds are all being shaped through public comment periods, planning processes, and legislative hearings happening now. Local officials who show up with data on their own county's hospital capacity, ambulance

response times, or broadband gaps can carry real weight in how state agencies prioritize funding.

6. **Use behavioral health and oral health as low-cost entry points**. Not every fix requires a hospital. School-based behavioral health partnerships, mobile dental units, and co-located services at libraries or senior centers can extend access without the capital costs of a new clinic, and they're often eligible for state and philanthropic grant support specifically earmarked for rural service gaps.

Federal Medicaid changes are tightening the financial vise on already-strained hospitals, even as new federal and state investment tries to offset the damage. The next few years will determine whether that investment arrives in time, and whether it's directed toward the communities that need it most.

Local government leaders won't decide federal reimbursement formulas. But they will decide whether their community shows up in the room when funding gets allocated, whether their broadband map accurately reflects who's still offline, and whether their EMS system is built to survive the retirement of a single volunteer coordinator. In a rural health landscape this fragile, those local decisions are not peripheral to the crisis, they could be the difference between a community that adapts and one that loses its last clinic for good.

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Building Healthier Communities Starts with Oral Health

BY ROOSEVELT ALLEN, CHIEF DENTAL OFFICER, UNITED CONCORDIA DENTAL

Decades of research support the understanding that health is interconnected. That means oral, physical, behavioral, spiritual and financial, as well as the health of the community at large, can have an impact on an individual's well-being. When it comes to oral health, it may be surprising to learn just how much the health of the mouth can affect one's physical health. It's a two-way relationship.

More than just a healthy smile

Many people tend to think of dentistry as cosmetic, but it's much more than that. Preventive dental care, including cleanings, screenings and other non-surgical intervention, can be part of the first line of defense against chronic health conditions. The American Academy of General Dentistry estimates that about 90% of systemic diseases can be detected through the mouth or have associated oral health conditions, including heart disease and diabetes. Routine dental exams can identify and address health issues before they become more serious.

What's more, about 60% of U.S. adults have at least one chronic health condition, according to the Centers for Disease Control and Prevention. Research shows that people with certain chronic diseases, such as diabetes, cardiovascular disease, cancer and respiratory illnesses, may have better health outcomes and the potential for lower overall healthcare costs when they receive routine dental care. Regular treatments prevent harmful bacteria and inflammation in the mouth from traveling to other areas of the body, enabling better management of the disease.

Additionally, a number of those chronic conditions are treated with prescription medications that can lead to oral health issues. For example, antidepressants and anti-anxiety medications can decrease the production of saliva, which acts as a cleaning mechanism, putting patients taking those drugs at a higher risk for developing cavities.

This is why it's especially important for people with chronic health conditions to see a dentist on a regular basis. Regardless, it's clear that regular professional cleanings and good oral hygiene are the key to better oral and overall health for everyone.

Oral health during pregnancy

Research shows that pregnant women have lower chances of premature birth or low birthweight if they have preventive dental care, but it's often under accessed — especially for those enrolled in Medicaid. According to the American Dental Association, 37.4% of women with Medicaid received a basic cleaning during their pregnancy in comparison to 81.8% receiving prenatal medical care.

In 2022, United Concordia partnered with managed care organization Highmark Wholecare to see how many of their members received dental care during pregnancy in Pennsylvania. What we found was surprising: a critical gap in oral care existed for many of them.

Because there's a connection between dental care, healthy birthweights and term pregnancies, we are working to increase dentist visits among expectant mothers insured by Highmark Wholecare through a multifaceted approach. One aspect involves strengthening interprofessional collaboration between dental and medical providers, supporting more seamless referrals and coordinated care plans for patients. The other consists of targeted outreach programs to expectant mother members, specifically designed to educate them about the importance of dental health and their available benefits. Through this work, we anticipate improving health outcomes, leading to more comprehensive and preventive care for this vulnerable population.

Why is this important? Healthy dental care habits are beneficial for both a mother and baby's overall health. Hormone fluctuations during pregnancy cause

higher blood volume in the body and changes in saliva. Because of this, pregnant women are more likely to develop gum disease, tooth sensitivity, swollen gums and dry mouth.

According to the Centers for Disease Control and Prevention, about 60-75% of women experience gingivitis during pregnancy. If left untreated, it can progress to a more serious form of gum disease called periodontitis, which has been associated with premature birth and low birthweight. It can also cause pre-eclampsia, which is a pregnancy complication caused by high blood pressure.

Fortunately, taking good care of the teeth and gums can help expectant mothers avoid or better manage many of these oral health problems.

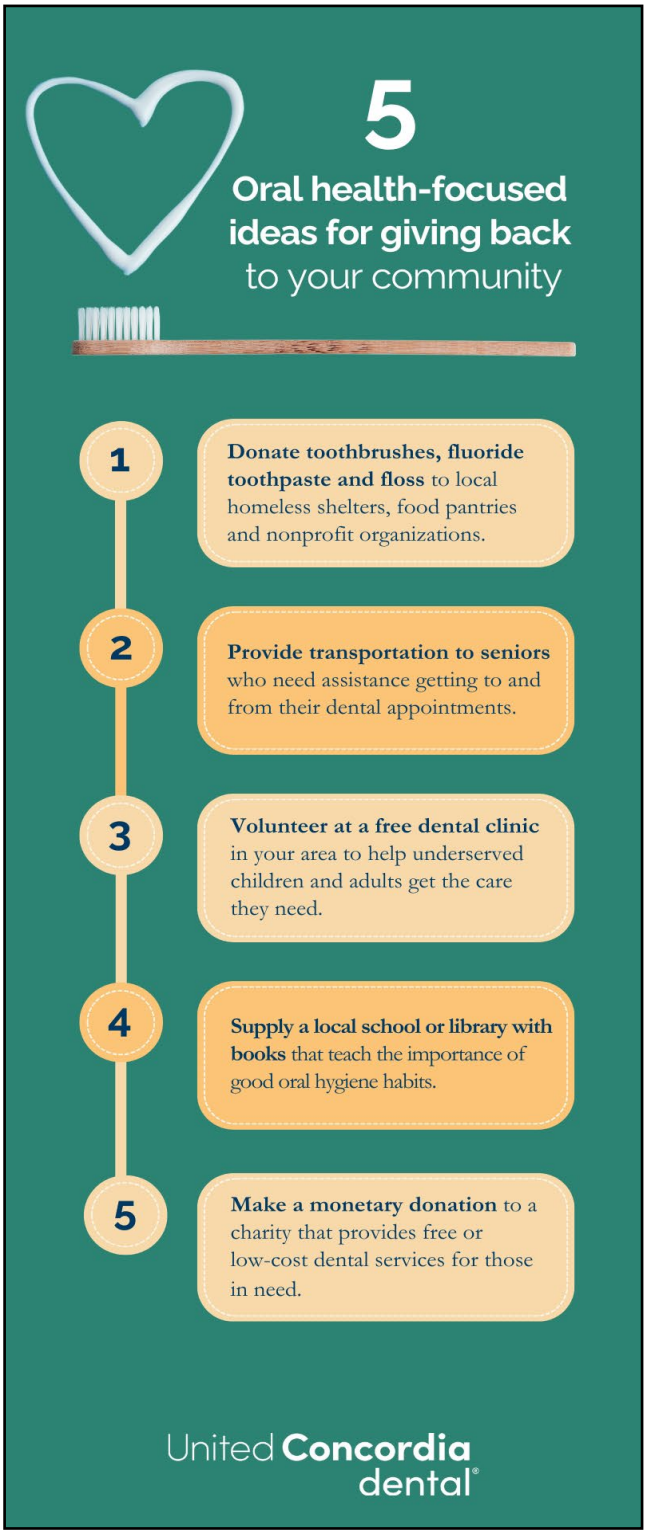
Collaborating to improve the nation's health

Historically, there's been a divide between oral and physical health. But that's changing. And when dentists and physicians work together, patients win. When clinicians collaborate, it provides the opportunity for better patient experience and holistic treatment. It gives both the dentist and physician a fuller picture of the patient's health, enabling them to team up on the right treatment plan. This kind of collaboration also provides an opportunity to educate patients on that connection between oral health and total health. When patients understand that relationship, it enhances the preventive care they're able to receive and increases the odds that they go in for those check-ups and screenings.

Improved oral health can impact healthcare costs

When patients routinely go to the dentist, and their providers and insurance work together, costs tend to be lower. For instance, a 2022 study published in the Compendium of Continuing Education in Dentistry analyzed the health outcomes of patients with diabetes and/or coronary artery disease who were enrolled in a dental plan affiliated with a large commercial health insurance plan in Arkansas. These patients were in a program with supplemental benefits and had ongoing support from collaborative medical and dental care management teams.

Patients with chronic health conditions enrolled in the program who received preventive dental care had much lower health care costs, due mostly to less preventable hospital admissions. Patients with combined medical and dental coverage who have diabetes or coronary artery disease lowered their yearly health care costs by nearly $600. For patients with both conditions, their health care costs were reduced by more than $1,000 annually when enrolled in the integrated medical-dental program.



In addition, United Concordia was one of the first in our industry to find a connection between dentist visits, chronic conditions and cost efficiencies in a study we conducted in 2017. Both studies demonstrate the important role comprehensive, seamless care for patients with chronic conditions can play in being healthier, without as many complications — and that improved health translates into lower costs.

Expanding access to dental care

As a company, we're invested in strengthening the total health of the communities we serve nationwide through our charitable giving efforts. Since its inception in December 2020, the United Concordia Dental Charitable Fund has approved more than $5 million in grant funding for initiatives and programs focused on oral health, workforce development, dental care for the underserved and greater inclusivity, including oral health equity.

Some recent initiatives focused in Pennsylvania include:

- **AHN Center for Inclusion Health (CIH) Grant**: Our funding helps support the CIH Urban Health Outreach team in Pittsburgh, which works in mobile and clinic settings to improve health care access for unhoused, unstably housed and formerly incarcerated individuals, and expand its services to include dental care — exams, cleanings, restorative treatments and oral health education — for those who can't afford it.
- **Bethesda Mission Grant**: Our funding supported the purchase of 3D printing technology and dental software to enable the mission's dental clinic to develop onsite complete and partial dentures, crowns, onlays, nightguards and other dental appliances for patients in need in the Harrisburg area.
- **Integrated Management System with Allegheny Health Network (AHN) Dental Medicine**: At the heart of our collaboration with AHN Dental Medicine is an integrated dental and medical patient management system, enabling AHN dentists and physicians to electronically access both patient dental and medical records in the same place. For patients in the Pittsburgh region, this means more opportunity for personalized treatment plans and early detection for chronic diseases.
- **Dental clinic sponsorships**: We partner with organizations like TeamSmile and MOM-n-PA that provide free dental clinics for children and adults in underserved communities. While several events have already happened in 2026, Mission of Mercy Pittsburgh 2026 will offer free dental, vision and hearing services on October 16 and 17.
- **Healthy Smiles for Miles mobile dental clinic tour**: Since 2019, United Concordia and Highmark Wholecare have been holding an annual summer mobile dental tour throughout Pennsylvania, providing free onsite dental services — such as exams, cleanings, X-rays and fluoride treatments — for children and adults insured by federal and state programs. In 2026, the tour occurred in July and August serving 12 cities in 16 days.

While employers, insurers, health systems and policymakers all play important roles in expanding access to care, individuals can make a meaningful difference in their own communities as well. Whether it's donating a toothbrush, contributing a few dollars to a worthy charity or volunteering at a dental clinic, even the simplest acts of service can make a significant difference for those in need.

The path to healthier communities starts with recognizing that every aspect of health is connected. By breaking down traditional barriers between dental and medical care, increasing access to preventive services and supporting programs that reach underserved populations, we can make a meaningful difference in people's lives — in Pennsylvania and beyond. Advancing total health requires a more holistic approach to care, one that recognizes oral health as a critical part of overall well-being. Only by working together can we make this approach truly a reality, enabling stronger, healthier communities where more people can thrive.

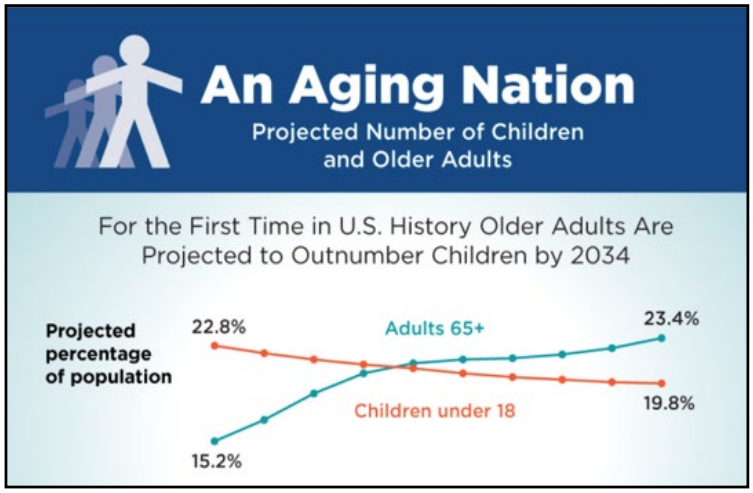
Roosevelt Allen, DDS, MAGD, ABGD, is chief dental officer at United Concordia Dental in Camp Hill, Pa., where he leads the dental solutions partner's oral and overall health efforts and oversees its professional affairs, dental directors, and clinical and dental policy.

Preparing Communities for an Aging America: What Local Leaders Need to Know

BY JENNIFER SCHRACK, PH.D. JOHNS HOPKINS UNIVERSITY

By 2035, for the first time in history, the number of adults aged 65 and older is expected to exceed the number of children aged 5 and younger worldwide (**Figure 1**)(1). Reaching this critical point means communities need to increase awareness of aging and its associated health conditions, and how to prevent, detect, and treat them as needed. This will enhance our collective ability to sustain and care for our aging population in the not-so-distant future and beyond.

Figure 1: Projected shift in population demographics



One of the most important factors in raising awareness is considering what it means to **age well**. For decades, physicians and researchers have tried to define who ages well and why by labeling those with low disease and disability burden as "successful agers," but is that really all that matters? Across research and clinical studies, most older adults suggest their primary concerns center around maintaining independence, remaining socially engaged, and retaining the ability to pursue what is most important to them. To this end, understanding successful aging requires casting a wide net.

How we age is influenced by what we are born with (our genetics), what we are exposed to throughout life (diseases, environmental exposures, psychological factors, education), and how we care for ourselves (health behaviors, access to healthcare). Although gerontology, the study of aging, generally focuses on adults aged 65 years and older, "aging" begins much earlier in life; essentially, everyone who is alive is aging. Through this lens, preventing poor health later in life means educating the public about what it takes to maintain health and longevity, and encouraging healthy habits throughout the life course. Given that many of us will live into our 80s and beyond, it is more important than ever to increase awareness about preserving health through personal health choices (diet, physical activity, sleep, cognitive engagement) as well as receiving regular health services and care.

Data from the National Health and Aging Trends Study, a study of U.S. Medicare beneficiaries, suggest that the percentage of older adults living in community settings has risen over the last decade, while the number of older adults living in residential care facilities, such as nursing homes, has declined **(2)**. This coincides with an increase in the number of older adults who successfully accommodate their mobility limitations and self-care needs through devices (canes, walkers, scooters) and in-home caregivers/helpers, both paid and unpaid. Collectively, this evidence suggests we are working towards extending independence, enabling seniors to stay active and engaged in their own homes for a longer portion of their lives, but as the population continues to age, will this trend continue, and what can we do better?

Public Health

In 2017, Geriatricians (physicians who specialize in caring for older adults) in the United States and Canada launched the Geriatric **5Ms**: **m**ind, **m**obility, **m**edication, **m**ulticomplexity, and what **m**atters most **(3)** to help reflect the unique and complex care needs of older adults. In brief, these 5Ms represent conditions such as dementia, falls, impaired balance, polypharmacy, multimorbidity, and sensory deficits, which are often mistakenly thought of as a "normal" part of aging. Yet, these conditions are not normal and should not be treated as such. To foster healthy aging and prevent the onset and progression of these diseases and conditions, care providers, researchers, and policymakers need to work as a team to promote the benefits of healthy lifestyle choices and advocate for better access to health care and services.

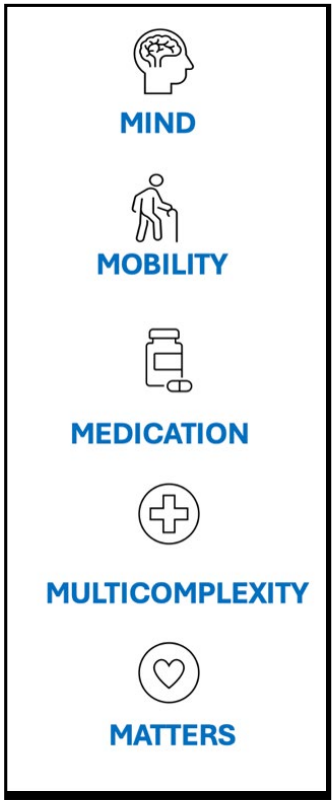


Figure 2: the 5 M's of Geriatric care: mind, mobility, medication, multicomplexity, and what matters most

The Pennsylvania Department of Aging has programs and services designed to enhance the lives of older adults by connecting them with resources to stay "happy and healthy" at home. These include information on programs targeted at health and wellness, pharmaceutical and transportation assistance, caregiver support programs, and Medicare counseling. There is also a monthly online newsletter that contains information on upcoming in-person and virtual events for older adults and their caregivers. With more than 3.4 million older adults living in Pennsylvania **(4)**, it is essential for these programs to be recognized, supported, and utilized by those who need them and those who fund them to maximize their potential benefit. These represent an important start, but as the population continues to age, needs will continue to change and expand. Specifically, there is an urgent need for more routine primary care screenings that utilize sensitive diagnostic tools to detect adverse health changes before they become irreversible, when treatment and interventions are more likely to be effective. We need more geriatricians, specialized physicians, and nurses with knowledge specific to the complex care needs of older adults. We need to engage older adults as meaningful, vibrant parts of our communities. Above all, we need to promote aging as a positive part of the human experience. Achieving these goals takes a collective effort from all.

So how do we build age-friendly communities? Municipalities and counties that plan now, using frameworks such as the World Health Organization's **Age-Friendly Cities and Communities** model and AARP's **Network of Age-Friendly States and Communities**, will be better prepared to support residents of all ages. Local leaders should start by surveying their older residents to identify needs, wants, and any gaps in housing, transportation, health services, and social outlets before creating any policies. They can invest in safe, walkable infrastructure. This includes good lighting, longer pedestrian crossing times, and sidewalks that are even and repaired. Accessible and adequate public transportation as well as diverse housing options are often necessary to maintain independence.

One major contributor to poor aging is social isolation. What can your community provide in terms of intergenerational programs, senior centers, and volunteer opportunities that keep older populations feeling viable, seen, heard, valued, and connected?

None of these steps require reinventing the wheel. State agencies, such as the Pennsylvania Department of Aging, and national networks already offer planning frameworks, funding guidance, and data to help local officials get started. What is needed most is the political will and cross-departmental coordination to put these tools to use before demand outpaces capacity.

Importantly, life is short and every day that we age is a gift. Many will undoubtedly experience challenges with age, and no one is immune, but we can do much to minimize and accommodate the physical, cognitive, and sensory impairments leading to late-life limitations. We have time-tested principles to live by: Keep moving, stay socially and cognitively engaged. Live life with purpose and meaning. Take time to seek joy in what matters most.

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Dr. Schrack is a professor at Johns Hopkins University and the Director of the Center on Aging and Health. She specializes in researching the intersection between movement and health, with the goal of maintaining mobility and functional independence with aging.

Creating Dementia-Friendly Spaces

BY ABRAHAM AMORÓS DEPUTY EXECUTIVE DIRECTOR OF OPERATIONS, THE LEAGUE

Like many of you reading this, I was charged with the care of an elderly parent when he needed support the most. My father, who passed away in late 2024, was 91-years-old and suffered from dementia which was accelerated due to a fall he sustained from forgetting to fasten his seat belt on his wheelchair. Oftentimes, he became confused, irritated with his inability to remember things and, at times, acted inappropriately aggressive with his tone, language and actions. Little did I know that what he was really feeling was fear.

Caregiving is a commitment and one that is never taken lightly. Caregiving, especially for someone with dementia, is also an endeavor that must be personally experienced in order to fully appreciate all of the nuances and challenges that come with many frustrations. Having helpful resources such as Dementia Friendly Pennsylvania helps tremendously. Dementia Friendly Pennsylvania, a program of the Jewish Healthcare Foundation funded by the Pennsylvania Department of Aging's Alzheimer Dementia and Related Disorders Office, introduced me to Dementia Friends which allowed me to take an online training to learn more.

During this training, I learned about creating safe spaces for those suffering from dementia, which include parks. Just recently, The League was instrumental in working with Ferguson Township and a non-profit organization named KaBOOM! that works with local communities in rebuilding and recreating parks. While the emphasis was on creating safe spaces for children and their families, I learned that there is also interest in providing welcoming spaces for those with dementia. My father, who enjoyed the outdoors consistently with fishing and his love of gardening, greatly appreciated being in the fresh air and around others who did the same.

Concept Design Example for a Dementia-Friendly Park

Every community in Pennsylvania could greatly benefit from the creation of a Dementia Park which would include ample seating, interactive recreational equipment but most of all, solace, warmth and a way to provide a deeper connection with a loved one in the sunshine to provide a timeless pocket of peace. These parks are specialized public green spaces designed to provide safe, sensory-rich, outdoor environments with trails made safe for patients' desires to "wander."

The League will engage further with community partners to learn more about dementia-friendly parks and will provide more information to you as members along with our partners. In the next several months, look for more information on how to learn more as Dementia Friends has already offered to provide a free webinar for anyone who is interested in learning more about this opportunity. During that webinar, we will also have more information on possible funding opportunities to get you started.

I know Pop would have approved.

Why Municipal Employee Wellness Is One of the Most Important Public Health Investments We Can Make

BY EMILIE GUTIERREZ BSN, RN, CMCN – MANAGER OF OPERATIONS, DELAWARE VALLEY HEALTH TRUST

What if one of the most important public health investments a municipality could make was supporting the health and well-being of its own workforce?

Public health is often associated with healthcare delivery systems, vaccinations, disease prevention and a community's socioeconomic conditions. But it also depends on the public servants who protect neighborhoods, maintain infrastructure, respond to emergencies, and serve these communities every day.

As municipalities face rising healthcare costs, stress, burnout, chronic disease, recruitment challenges, and limited resources, one reality is clear: healthy communities require healthy municipal employees.

The Hidden Impact of Workforce Health

Many of today's most pressing health concerns are chronic conditions that affect employees every day.

Conditions such as hypertension, diabetes, obesity, musculoskeletal disorders, anxiety, depression, and chronic stress increase healthcare costs, lower quality of life and reduce productivity through absenteeism and presenteeism resulting in turnover and additional demands on the workforce. Mental and physical health are deeply connected. Chronic stress, anxiety, depression, and sleep disturbances can contribute to conditions such as heart disease and diabetes, making emotional well-being an essential part of workforce health.

Employers lose an estimated $1,685 per employee each year to absenteeism alone, and municipalities with lean staffing feel the impact quickly when employees are unable to perform at their best.

Workforce health is not simply a human resources issue; it is a community issue. When employees are absent, burned out, or limited by preventable health conditions, services can become strained and residents may feel the impact.

Health Is More Than Healthcare

When people hear the term "wellness," they often think about exercise programs or annual health screenings. While these initiatives are valuable, true well-being extends far beyond physical health.

Experts increasingly recognize that wellness is multidimensional. Emotional well-being, social connection, financial stability, occupational satisfaction, intellectual growth, and environmental factors all contribute to an individual's overall health. Challenges in one area often affect the others. For example, financial stress may impact mental health, while workplace burnout can contribute to physical health concerns.

For municipalities, this broader perspective creates opportunities to support employees in meaningful ways. Financial education workshops, leadership development programs, employee recognition initiatives, mentorship opportunities, mental health resources, and flexible workplace policies can all contribute to a healthier and more engaged workforce

Recognizing Vulnerable Populations Within the Workforce

Municipalities should also recognize vulnerable populations within their own workforce; not as isolated groups, but as employees who may experience greater health risks because of job demands, life circumstances, access barriers, or existing health conditions.

Examples may include:

- First responders exposed to trauma and high-stress situations
- Public works and sanitation employees performing physically demanding work
- Shift workers whose schedules affect sleep, nutrition, and family routines
- Employees nearing retirement and managing chronic conditions
- Younger employees learning to navigate healthcare and benefits systems

- Caregivers balancing work with responsibilities for children, aging parents, or family members
- Employees experiencing chronic disease, disability, grief, financial strain, or mental health challenges

Recognizing vulnerability is not about labeling employees; it is about removing barriers. Wellness programs must be designed to reach employees across all shifts, job functions, and work environments. A one-size-fits-all approach may not effectively engage employees who work overnight, start before sunrise, spend most of the day in the field, or have limited access to email and digital resources.

Municipal leaders should regularly evaluate whether wellness programs are accessible, inclusive, and practical for the workforce they serve.

Moving from Reactive to Preventive Care

Municipalities can shift from treating illness after it occurs to supporting prevention, early identification, and healthier behaviors.

Chronic and mental health conditions account for approximately 90% of the nation's annual healthcare expenditure, underscoring why prevention, wellness, and early intervention are no longer optional but essential.

Preventive strategies may include wellness screenings, health risk assessments, chronic disease management, nutrition and physical activity programs, EAPs, mental health resources, tobacco cessation support, and preventive care education.

Delaware Valley Health Trust supports this preventive approach through dedicated wellness programs designed to help members focus on whole-person health and promote long-term well-being. Through wellness education, health screenings, challenges, preventive care incentives, mental health resources, and programs that encourage physical activity, nutrition, stress management, and healthy lifestyle choices. Delaware Valley Health Trust helps municipalities make wellness more accessible and achievable for employees and their families. These efforts reinforce the idea that wellness is not a single event or initiative, but an ongoing commitment to helping public servants live healthier, more balanced lives.

The goal is not only to reduce healthcare expenses, but to help employees identify concerns earlier, connect with resources, and improve quality of life. Strong wellness engagement can also provide meaningful population health insights and opportunities for early intervention.

> ***"Healthy communities are built by healthy people. Supporting the well-being of municipal employees is not simply an employee benefit, it is a public health strategy."***

Creating a Culture of Well-Being

One of the most effective ways municipalities can improve health outcomes is by creating a culture that supports sustainable well-being.

This does not require expensive fitness facilities or significant new budget investments. Meaningful change often begins with leadership support (perhaps the most impactful), consistent communication, and accessible opportunities for engagement.

Examples include:

- Walking challenges and fitness initiatives
- Health fairs and preventive screening events
- Educational lunch-and-learn programs
- Mental health awareness campaigns
- Flexible opportunities for physical activity
- Recognition of healthy behaviors and accomplishments
- Connections to community-based health resources

Successful wellness programs recognize that health extends far beyond physical well-being. Emotional health, social connection, financial wellness, workplace culture, and access to supportive resources all contribute to healthier individuals and stronger organizations. A holistic approach to wellness acknowledges that people perform at their best when multiple dimensions of their well-being are supported.

The Community Benefit

Investing in employee wellness creates benefits that extend far beyond the workplace.

Healthy employees are more likely to engage in preventive care, model healthy behaviors, participate

in local activities, and contribute positively to community life. They are also better equipped to deliver consistent, high-quality services to residents.

In many ways, municipal employees become ambassadors for community health. When local governments prioritize wellness, they send a clear message that health matters, prevention matters, and people matter. Communities benefit from a more engaged workforce, improved service delivery, stronger organizational resilience, and a healthier population overall.

Looking Ahead

For decades, healthcare systems have largely focused on treating illness after it occurs. Yet the growing burden of chronic disease, mental health challenges, and workforce burnout makes it increasingly clear that prevention must play a larger role in our future. Municipal leaders are uniquely positioned to influence that future by building workplaces that promote healthy behaviors, support well-being, and connect employees with resources before small concerns become larger problems

Meeting these challenges requires a broader view of public health; one that recognizes the vital connection between employee well-being and community success.

Wellness should no longer be viewed as an optional benefit or a perk. It is a strategic investment in the people who keep our communities safe, functioning, and thriving.

Healthy communities are built by healthy people. Supporting the well-being of municipal employees is not simply an employee benefit, it is a public health strategy. Focusing on the well-being of the municipal workforce can strengthen resilience, improve the quality of life in the community, enhance service delivery, and create lasting positive impacts for generations to come.

The future of public health is not found solely in hospitals and healthcare systems. It is also found in municipal offices, public works garages, police departments, fire stations, and every workplace where local government employees dedicate themselves to serving others. Municipalities have a unique opportunity, and responsibility, to lead that effort and build healthier and more resilient communities from the inside out.

Emilie Gutierrez is the Manager of Health Trust Operations for Delaware Valley Trusts. Wtih 15 years of nursing experience, Emilie has built a diverse career across acute care, perioperative settings, and management. Certified as a Managed Care Nurse, Emilie is deeply committed to enhancing healthcare systems and helping individuals navigate the complexities of the healthcare landscape.

Protecting Children from Being Exploited by AI Technology

BY SENATOR TRACY PENNYCUICK – PENNSYLVANIA 24TH DISTRICT
SERVING MONTGOMERY & BERKS COUNTIES

In a Lancaster County courtroom in Pennsylvania this spring, young girls described the anxiety, humiliation and loss of trust they experienced after classmates used artificial intelligence to create sexually explicit images of them.

The two teenagers responsible had used ordinary photographs taken from social media, school yearbooks and FaceTime conversations. Investigators ultimately recovered 347 fabricated images and videos involving 59 minor female victims.

The victims had done nothing wrong. Yet they were forced to identify their own faces in fabricated pornography and live with the fear that those images could resurface at any time.

This case forced Pennsylvania to confront an uncomfortable reality: Technology can create new forms of abuse faster than our laws, schools and child-protection systems can adapt. Protecting children in the digital age is therefore not simply a technology issue. It is a public health issue, a public safety issue and a fundamental part of building healthy communities.

As chair of the Pennsylvania Senate Communications and Technology Committee, I have seen artificial intelligence open extraordinary opportunities in health care, education and our economy. I have also seen how the same speed, affordability and accessibility that make AI useful can place powerful tools in the hands of those seeking to exploit others.

Just a few years ago, Pennsylvania law clearly covered sexually explicit photographs taken with a camera, but it did not adequately address images created entirely by a computer or authentic photographs manipulated through artificial intelligence.

That distinction may have mattered in legal language. It meant nothing to a victim.

To close that gap, I sponsored Senate Bill 1213. The legislation made clear that AI-generated child sexual abuse material falls under Pennsylvania's criminal laws and expanded protections against the nonconsensual dissemination of artificially generated sexual images. It passed both chambers unanimously and became Act 125 of 2024.

The law is already being used in dozens of new disturbing cases filed by prosecutors.

The Lancaster case, however, exposed another gap. Under existing law, school personnel were not required to report certain child-on-child incidents involving AI-generated child sexual abuse material to ChildLine.

In response, I introduced Senate Bill 1050, which would require mandated reporters to report child sexual abuse material, including AI-generated content, even when it is created by another minor. The Senate passed the bill unanimously, and it is now awaiting action in the House of Representatives.

These cases demonstrate why Pennsylvania, and other states, cannot wait for the next tragedy to reveal the next weakness in our laws. That is why the Senate adopted my resolution creating the Task Force on Child Protection in the Digital Age.

The task force will bring together the Office of Attorney General, Pennsylvania State Police, prosecutors, investigators, victim advocates, child-protection professionals, medical experts, technology specialists and others with direct experience confronting the exploitation of children.

Its mission is straightforward: continually examine how emerging technologies are affecting children, identify gaps in Pennsylvania law and recommend improvements to prevention, investigation, prosecution and victim support.

Forming Healthy Communities

Senator Tracy Pennycuick speaking at a recent NCSL conference regarding state legislation around AI

Importantly, this will not be a one-time study. The task force will issue its first report by November 30, 2027, and then reconvene for additional reviews every two years. That recurring structure matters because the technology we are confronting will not stand still.

Today, the threat may be a "nudification" application that digitally removes a person's clothing. Tomorrow, it may be a companion chatbot that encourages self-harm, an algorithm that connects children with predators or a new form of manipulation we have not yet encountered.

The task force is not a substitute for immediate action. The Senate has already passed legislation establishing safeguards for AI chatbots interacting with minors, and we are advancing legislation to prohibit nudification applications from being offered through online marketplaces in Pennsylvania. The task force will help ensure those efforts remain effective as technology changes.

Local government officials also have an important role. Municipal police departments, libraries, recreation programs, schools, emergency responders and community organizations are often among the first to recognize emerging threats or hear from affected families.

Municipal leaders can help by supporting training for local law enforcement, strengthening relationships among police, schools and victim-service organizations, and sharing reliable prevention and reporting resources with parents. Most importantly, communities must treat AI-generated exploitation as serious abuse, not as a harmless prank simply because the image was digitally fabricated.

A healthy community is not measured only by the quality of its roads, water or public spaces. It is also measured by whether children feel safe at school, online and in their own neighborhoods and whether victims know they will be taken seriously when they ask for help.

During my 26 years in the Army, I learned that changing conditions do not mean abandoning the mission. You update the flight plan, verify your instruments and keep everyone communicating.

Artificial intelligence is changing the conditions around us at extraordinary speed. Our mission, however, remains constant: protect children, support victims and ensure that innovation serves our communities rather than those who seek to exploit them.

The Task Force on Child Protection in the Digital Age will help Pennsylvania remain focused on that mission—not just today, but as the next generation of technology arrives.

Senator Tracy Pennycuick represents Pennsylvania's 24th Senatorial District, serving portions of Berks and Montgomery counties. She chairs the state Senate Communications and Technology Committee.

Terry the Tick's Guide to Staying Safe Outdoors: A Retired Biter Shares His Wisdom

BY NEIL RUHLAND, PRESS SECRETARY, DEPARTMENT OF HEALTH, OFFICE OF COMMUNICATIONS

After years spent creeping through tall grass, lurking in leaf litter, and hitching rides on hikers, outdoor workers, and curious kids, Terry the Tick has officially retired from biting.

These days, Terry works with staff at the Pennsylvania Department of Health (DOH) to help Pennsylvanians learn how to prevent tickborne diseases. You may have even seen him in the news and at community events, like the annual statewide Lyme Art Contest, where he poses for photos with student artists and parents. But don't let the extra legs and oversized mouthparts fool you: His goal is to educate, not intimidate.

"I know I look scary," Terry admits. "But you don't have to be terrified of me or any other tick you might encounter. Everyone can take steps to protect themselves. When you protect yourself from ticks like me, you protect yourself from the diseases we can carry."

Terry has good reason to work with the community outreach team. In April 2026, scientists at DOH noticed an increase in emergency department visits for tick bites.

To respond quickly, the Department distributed a Health Alert Network (HAN) message to health care providers statewide. The alert helped clinicians prepare for a more active tick season and gave them updated resources for patient care.

Thanks to early awareness and prevention messaging, emergency visits have since returned to normal levels.

Lyme disease remains the most common tickborne disease in Pennsylvania.

DOH expects 2026 to follow the typical seasonal pattern, with most cases reported between April and August. Like in previous years, outdoor enthusiasts, especially hikers, gardeners, outdoor workers, and children, face the highest exposure risk.

Pennsylvanians often ask, "Where are the 'tick hotspots'?" Terry crosses four of his eight legs to think. "My favorite haunt used to be a busy hiking trail. That was always a high-traffic hotspot," he says and shakes his tiny head. "But I have family across the state. Some of my cousins from out of state are here now, too."

DOH data and Pennsylvania Department of Environmental Protection (DEP) monitoring show tick activity is not concentrated in a single region, but

across all regions of the state. The DEP data helps DOH tailor public messaging, update clinical guidance, and keep communities informed throughout the season.

Beyond Lyme disease, DOH also monitors for a range of tickborne conditions, including anaplasmosis, babesiosis, tularemia, hard tick relapsing fever, spotted fever rickettsiosis, Powassan virus, and alpha-gal syndrome. Ticks that carry these diseases have been found in many of Pennsylvania's counties, though all are much less common than Lyme.

Recently alpha-gal syndrome has gained significant public interest.

Alpha-gal syndrome is an allergy to a sugar molecule found in mammal meat and other animal-derived products. The allergy can be triggered by the bite of a lone-star tick.

"What a rebel that guy is," said Terry. "But also, such a hassle to have over for dinner. I get it, I love the taste of meat, too."

Since 2024, voluntary laboratory reports identified about 300 positive alpha-gal tests each year in Pennsylvania. In 2026, the trend remains similar with nearly 150 positive reports so far. Not everyone with a positive test has symptoms, but these voluntary reports help DOH understand how often the condition is being detected.

Terry proudly notes that DOH's public outreach is one of its strongest tools. "Now that I've retired from biting, I devote all my free time to public engagement."

In addition to the annual Lyme disease art contest for elementary school children, DOH has held hundreds of community events across the Commonwealth to teach families about tick prevention and how to recognize early symptoms of tickborne disease.

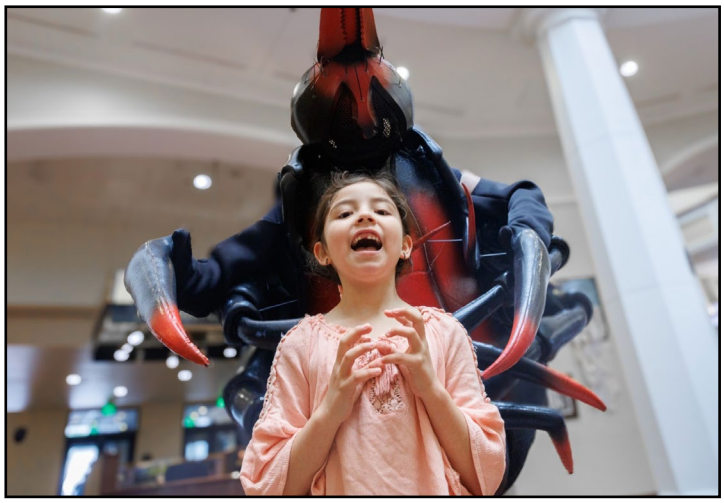
DOH's "Protect. Check. Remove." messaging appears across social media, billboards, grocery stores, gas stations, and green spaces, helping millions of Pennsylvanians understand and remember tick safety.

The Shapiro Administration is working to ensure Pennsylvanians have the information they need to protect themselves from tickborne disease. In the 2026-2027 state budget, Governor Josh Shapiro secured an additional $200,000 for tick testing and awareness, bringing total funding to prevent tickborne disease to nearly $13 million over the last three years.

"Believe me, there's nothing funny about tickborne diseases, so we continue to reach people where they're at so we can all do our part to keep Pennsylvanians safe and healthy," says Terry.

Terry's advice is simple: Preventing tick bites is the best way to prevent all tickborne diseases. His top tips:

- **Protect** — Treat shoes, clothing, and gear with permethrin before going out. Use insect repellent before going outdoors. Stay in the center of trails and avoid brushing against tall grass.
- **Check** — Do a full-body tick check after outdoor activities. Shower soon after coming indoors. Help kids with tick checks and check pets.
- **Remove** — If you find a tick attached to your skin, remove it right away. Don't wait for a doctor. Watch for symptoms in the weeks after a bite.



With ongoing monitoring, strong partnerships with DEP, and extensive community outreach, DOH works to protect public health statewide.

Terry reminds us, "It's important to tick off all the boxes when it comes to prevention: Protect, Check, Remove, and have a 'fantas-TICK' time outdoors."

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Active Transportation Networks Can Unlock a Host of Health Benefits

BY SAMANTHA PEARSON, HEALTHY COMMUNITIES PROGRAM MANAGER, PENNSYLVANIA DOWNTOWN CENTER, WALKWORKS PROGRAM

Is health on the priority list for your municipality? It can sound like a tall order or somewhat esoteric, but public health is fundamental. Looking at the big picture, a community with a healthier population is also one where people are able to allot more of their time, money, and enthusiasm to the life of the place rather than struggling to just get through day to day. Lack of health has an opportunity cost for individuals, families, and communities.

According to the World Health Organization is not just the absence of disease, but also a "state of complete physical, mental, and social well-being."

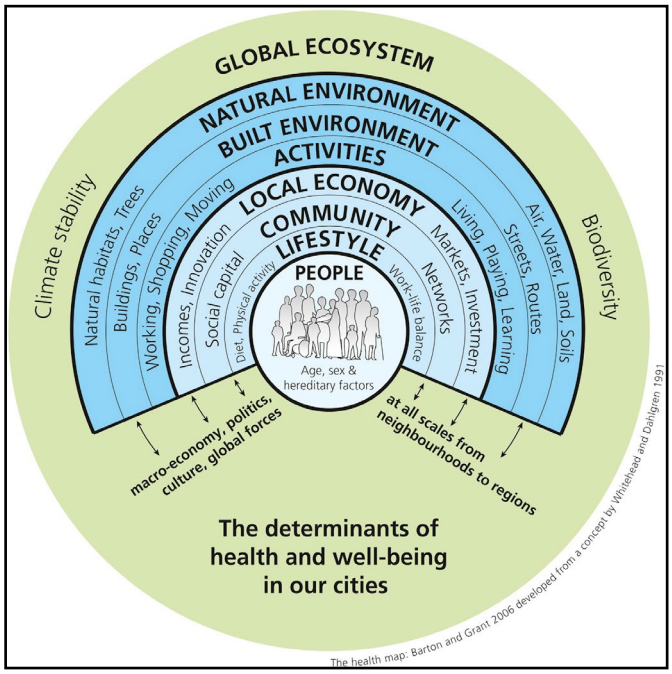
When people think of improving people's health, they often think first of direct health care, doctors in white coats, and hospitals. But there are significant aspects of health that happen far away from clinical care. Individual behavior and health choices are often the next things that come to mind. Those are also significant, but not determinative and interesting, while such things are laid at the feet of the individual, they are often not actually at the discretion of the individual.

Those behaviors and choices are dependent on many other factors. People's decisions to engage in healthy behavior are often largely determined by opportunities. Are there amenities and facilities in their area that they can take advantage of? Do they have the wherewithal whether in the form of funds or transportation/access to get to those sites?

Those larger questions fall under the category of the Social Determinants of Health (SDOH). That is an umbrella term that can be further broken down into social and physical components, with the physical components being housing, transportation, built environment, and food. The more strictly social components are education, employment, finances, access to healthcare, and social support.

It turns out that SDOH (and Physical Determinants of Health, PDOH) account for the majority of health outcomes, rather than clinical care. This is interesting news for people involved in traditional health fields. It can be discouraging for them, but it can also be inspiriting. It means there are suddenly many more levers to pull in order to try to improve public health – and many more allies to recruit to the work.

In fact, taking the SDOH and PDOH into account, it is clear that it is possible for municipal officials to expand their understanding of their own role in public health. Rather than a pure focus on conventional roads, trash, and public safety, the imperative to enable and encourage people to get physical activity just in the course of their everyday life is staggering.



SDOH Graphic

Public Health

It has been said that if you could package physical activity in pill form, it would be the single most effective drug on the market. Increased physical activity can bring significant improvements across an array of measures. And one of the single best ways of increasing physical activity is to build it into people's everyday existence. This makes it even more effective than a pill because it operates at the population level, not just the individual. If people can be presented with an environment that enables and encourages them to get to everyday destinations under their own power safely and comfortably, both survey data on their inclinations and stats on their actions show that they will.

What health benefits could municipal officials contribute to simply by making the community a safer, more accessible and more inviting place for people to walk, bike, use a wheelchair and access transit to get around on a daily basis?

Injury prevention is at the top of the list. People outside of vehicles are at great risk in any conflict with a motor vehicle. This means **fewer preventable deaths, especially among children** for whom traffic crashes are the leading cause of accidental death.

Furthermore, when streets are safer, drivers are attentive, people outside of vehicles visible, and speeds are slower, there are fewer crashes and those that may occur have less severe physical consequences. This means **fewer people permanently disabled** from crashes. And also, **fewer people temporarily disabled** from crashes.

Since streets that are safer for pedestrians and people on bikes are also safer for people inside of vehicles, these **reductions in injuries also accrue to drivers** and other vehicle occupants.

But simple physical activity also has the ability to increase many positive health factors, like **improved mood, reduced anxiety, increased lung function, improved sleep, reduced arthritis, improved balance/reduced risk of falls, improved immune function, increased bone density** (depending on the type of movement, like running or walking).

And some of the most basic benefits relate to support with **maintaining a healthy weight and reduced chance of developing diabetes, heart disease, stroke, and dementia**.

Physical activity has even been shown to **reduce the incidence of eight different types of cancer: breast, kidney, colon, bladder, esophagus, lung, stomach, and endometrium**.

For children who have the opportunity to walk to school, that can result in **improved attention and performance on tests**. Similar benefits also accrue to adults who can start their day with incidental physical activity on their way to work.

Follow-on benefits for all these health improvements include **reduced absenteeism/increased productivity at work, reduced health care costs, and reduced health insurance costs**.

Additional positive side effects include **fewer people with rehab and physical therapy treatment needs** after crashes. And **less demand for mental health supports** to cope with the results of a crash – whether in the role of the driver or the person hit, PTSD is not uncommon, sometimes with its own life-altering impacts.

There are other Social Determinants of Health that are tied to safer streets in a causal loop. People who have access to independent mobility as they age and who are able to get to basic destinations **maintain social ties and reduce social isolation**. And for the

Downtown residential block

cohort of the population on whom the mobility needs of both elders and children often fall, when there are independent mobility options for their charges to take advantage of, they enjoy **increased productivity, reduced stress, and overall improved mood**.

Overall communities that are less car-dependent, correcting for other factors, are **happier, healthier, more connected to the natural environment and to each other**. People with shorter commutes are also **less likely to get divorced**. They have more time, energy, and resources available to bring to bear on improving their home, whether that be their own homes or the community at large. If a community can work to unlock increased road safety and enhanced street environment, it can reap the benefits in the form of **increased civic engagement**.

The form of health promotion talked about here is all about incidental physical activity, just exercise that gets squeezed in to the regular rhythms of a person's day rather than having to have time and funds carved out for a recreational exercise regime. In contrast to trips to a gym or fitness classes, incidental physical activity is not something that gets paid for on a personal basis, but it can of course be measured on a per capita basis. As community leaders, it is worth considering not just the default of roads, trash, and public safety, but also your potential impact on public health. Your community and even your coffers stand to benefit greatly from such investments.

So how is a community to go about pursuing these benefits? As with so many other domains, planning is a great place to start. Review your Comprehensive Plan. Check out the transportation section. Is it all about roads and driving or are there also sections about walking, biking, accessibility, and transit? Perhaps it would be a good time to develop an Active Transportation Plan. Even if you already have something of the sort in place, it may need to be updated or the implementation component kicked into high gear.

In Pennsylvania, the Department of Health has recognized the relevance of active transportation for health and has been funding the WalkWorks Program (pawalkworks.com) for more than a decade. Through the program, municipalities can apply for technical assistance and small-scale funding for the development of Active Transportation Plans. Any municipality can apply, though there are some that are in focus areas, in which case they have access to additional technical assistance options as well as increased planning funds with no match required.

In addition to the WalkWorks funding, which combines sources from both the Centers for Disease Control and Prevention and also support from the PA Department of Conservation and Natural Resources, there is another purely federal USDOT program that can help with these planning efforts. For the past five years, the Safe Streets and Roads for All program has been funding the development of Comprehensive Safety Action Plans, which address safety needs for all transportation modes on the streets. With the Surface Transportation Act Reauthorization in progress right now, the hope is that those funds will continue to support these efforts.

No matter how it's funded, the overall Active Transportation Planning effort means convening a steering committee, collecting data on existing conditions and the experiences of community members, analyzing that information, working to develop projects, program, and policy suggestions, and then to prioritize them, and finally to outline an

Crosswalk

implementation plan, highlighting where to start and suggesting funding, partnership, and policy strategies to get to work on.

It may seem at times that many of the resulting plans have a lot in common, calling for traffic calming like high visibility crosswalks, curb extensions, improved road markings, signal adjustments like the introduction of Leading Pedestrian Intervals and accessible pedestrian signal systems, and zeroing in on critical gaps in the network available to people on foot, in wheelchairs, and on bikes. But consider that the road network we provide for drivers of motor vehicles are similarly familiar combinations and permutations of a given set of transportation design options. We are just now getting into the habit of adding more bike lanes, rectangular rapid flashing beacons, speed tables, and the like to our transportation repertoire. It's now time to develop such a list of improvements tailored to your community and a vision for the connected and inviting active mobility network people are looking for.

The next time a community member asks about how and whether a road can be made safer, consider whether your answer is part of a holistic strategy for improving public health and civic life.

Samantha Pearson works for the PA Downtown Center, a statewide non-profit promoting community development using the Main Street Approach. She runs the PA WalkWorks program, a CDC-funded PDC collaboration with the PA Department of Health, with the goal of improving individual and community health through environmental change.

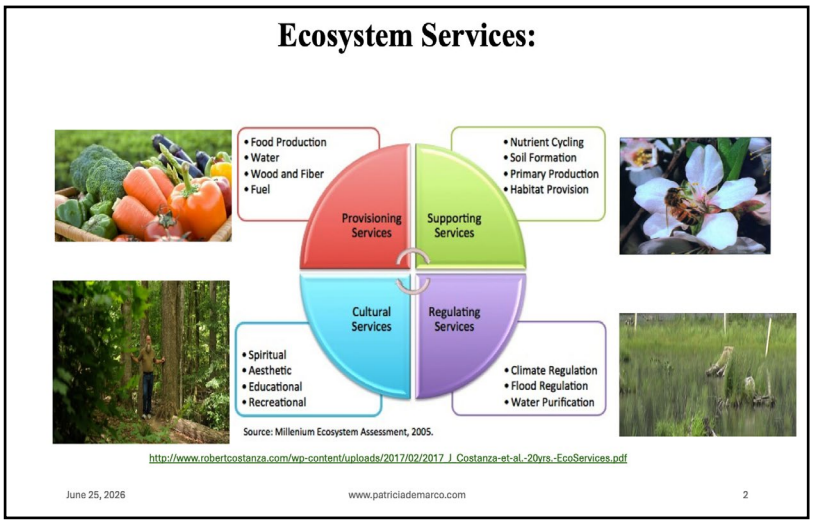
The Benefits of Cities Living in Harmony with Nature

BY PATRICIA M. DEMARCO, MAYOR OF THE BOROUGH OF FOREST HILLS, PA

As extreme weather fluctuations and higher heat bring health concerns to the headlines, cities look for ways to adapt for a more resilient approach. Once defined only by skyscrapers and concrete canyons, many modern cities seek to bring nature into the cityscape to improve the health and quality of life of the people who live, work and play in urban environments. Natural landscapes bring many benefits to urban living, including health benefits, economic value of property, and cultural distinction.

Ecosystem services support all life on earth.[1]

As people have settled into larger urban environments, we have become more removed from the essential services of the living earth that comprise our life support system. Fresh water, oxygen-rich air, fertile ground and the millions of species that make up the interconnected web of life come from the ecosystem services of the earth. Evolved over millions of years, the four categories of ecosystem services support life on earth as we know it.



These gifts of the living earth operate automatically. The **supporting services** include nutrient cycling for carbon, nitrogen, water, oxygen and phosphorous; soil formation from the action of millions of micro-organisms breaking down detritus; primary production includes energy conversion by photosynthesis to create biomass and release oxygen; and habitat provision which establishes living conditions specific to various regions of the planet. These services feed into all the other ecosystem services. The **provisioning services** generate primary food production, fresh water, wood and fiber and biomass- based fuels. The **regulating services** are the control systems of the earth that shape climate by storing carbon and the temperature through the thermohaline circulation of the oceans; flood and erosion control through wetlands and tree roots; water purification through wetlands; and disease control through predator/prey relationships in natural ecosystems. Finally, the **cultural services** provide spiritual and aesthetic values to human experience, often called biophilia- the natural feelings of being connected to nature that makes people want to be in the "outdoors" for vacations at the beach or in parks.

These services do not usually "count" in computations of the Gross Domestic Product or the economic valuation of transactions. However, they are priceless contributors to many aspects of daily life that people take for granted, such as having fresh water or pollination for agricultural products, or natural fibers like cotton, linen, bamboo and hemp. Note that all of these ecosystem services are circular in regenerating and replenishing the elements of each system, all driven primarily from the sun as the primary source of energy, temperature gradients and seasonal cycles.

Our Life Support System is Under Stress.

Human activities, especially since the Industrial Revolution, have brought stress to the balanced ecosystems that have sustained life as we know it. Resource extraction from mining for fuels and minerals, industrial scale farming, and land use for highways, buildings and parking lots has stressed

Public Health

the environment. Also, the rapid acceleration of burning fossil resources for fuel is reversing in decades the millions of years of biological process that increased the amount of oxygen in the atmosphere and sequestered carbon in coal, petroleum, and natural gas. The modern surge in use of synthetic materials, especially plastics which are derived from petrochemicals, has also stressed the natural ecosystems in many ways, especially as the population of the earth has continued to grow, and more countries adopt a heavy consumer-oriented economy. Hyper-consumption spreading worldwide adds to the stress on our natural life support system.

Pennsylvania's Constitution Article 2 Section 27 states: *"The people have a right to clean air, pure water, and to the preservation of the natural, scenic, historic and esthetic values of the environment. Pennsylvania's public natural resources are the common property of all the people, including generations yet to come. As trustee of these resources, the Commonwealth shall conserve and maintain them for the benefit of all the people."*

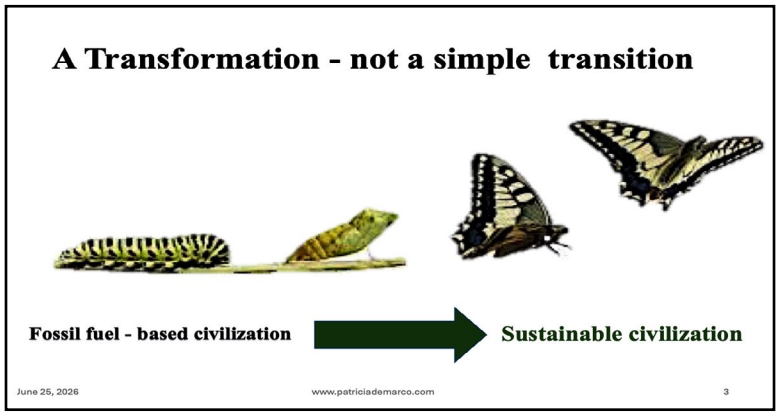
However, Pennsylvania bears the scars of hundreds of years of reliance on extractive industries.

- Abandoned mined lands estimated at 288,000 acres [2]
- 5,500 miles of streams and rivers polluted [3]
- Air quality ranked 2nd worst in US [4]

It is our ethical and moral obligation to preserve and restore the ecosystems of the living Earth for now and for the future. It is our duty to preserve the right for life to exist for the people we serve in our communities, and for future generations whole lives will be shaped by the decisions we make today. We cannot legislate the laws of chemistry and physics nor the biologic system responses to changes in the environment. But we can adjust our laws, and our way of life, to be more in harmony with the natural systems we depend on. The time for wanton exploitation of the natural world is over!

Pathways Forward

We who govern at the local level are in a good position to shape a pathway to a better future. We are no longer facing a gradual transition but rather a transformation in our relationship to the natural world that supports us.



This transformation from an extractive civilization based on fossil-fuels to a regenerative civilization based on renewable resources is not a technical problem but rather a moral and ethical problem. Do we have the courage to shift the base of our economy to systems that can be sustained for the next generations, or will we persist in the destruction of our life support system for now, and for generations to come?

Our current situation has been built on a primary premise of economic drivers as the principal, sometimes the exclusive, basis for policy decisions. As a result, cultural values such as history, social services, public education, public health, public amenities such as parks and nature preserves as well as environmental values such as clean air, fresh water, fertile ground and preserving the biodiversity of species have diminished consideration in public policy decisions. This situation cannot be sustained for decades into the future without seriously compromising the quality of life for everyone on earth. The biggest shift from an extractive to a sustainable system involves a change in priorities to re-balance, economic, environmental and cultural values to be more equal in weight for decision making on policy.

Regenerative thinking provides a framework to support this adjustment. Regenerative thinking looks beyond the instant gratification of the next quarterly report, but rather considers the life cycle implications, and the associated impact on environmental and cultural values over time. [5] This is especially relevant in local government decisions, for example when determining what kind of a public building to invest taxpayer dollars in, or what land use decisions to make for preservation vs development. Fortunately, regenerative solutions are available, proven and cost-effective.

Forming Healthy Communities

Cities can be catalysts for living in harmony with Nature.

The inherent human affinity for nature is called "Biophilia" and has been recognized as a movement throughout the world as a way to improve the quality of life for urban areas. [6&7] Incorporating nature into urban environments brings many benefits.

Renewable Energy Systems conserve and restore resources.

Technology costs in renewable energy systems are dropping sharply. [8] Demand is increasing for efficiency and clean energy solutions. More supportive national policies (Inflation Reduction Act & Infrastructure Investment and Jobs Act) showed the potential for effective adoption of renewable energy resources at scale. [9] Investment in renewable infrastructure is increasing in states, public institutions, and in private investments, in spite of federal policy changes. The Borough of Forest Hills designed and built a net-zero energy borough building, and now also has solar on five additional buildings to save energy costs and have more efficient operations. The capital costs the solar were administered through a Guaranteed Energy Savings Program of the PA Department of Conservation and natural Resources.

Prevent Pollution by designing materials through Green Chemistry principles that are benign by design. [10]

This process reduces the inherent hazard from things like plastics and forever chemicals rather than limiting our exposure to toxic substances through regulation. Substituting biological materials like hemp, bamboo, algae and fungi for petrochemicals can shift the production to less environmentally and health damaging materials.

Circular Materials Management shifts our economy away from using raw materials to make products designed to be replaced rapidly. [11]

Instead, materials and products can be designed to be made in America and made to last as durable goods. Also design features can include reclaiming raw material for re-use or repurposing, rather than to become trash. Ideally, circular materials management using renewable resources as feedstocks can create an economy of higher value with much less waste.

Reduce urban stress.

Urban living often brings social stress, a sense of physical threats from crime, traffic safety and adverse environmental exposures associated especially with noise and air pollution, and heat island stress. Adding urban tree cover contributes to more vigorous physical activity among adults aged 18 to 24 as well as reduced obesity, better general health, less asthma and better social cohesion in communities. [12] Forest Hills has been a USA Tree City since 1975. Our 2,800 urban Trees contribute an estimated $19.7 Million in cumulative asset value. [13]

Calm traffic.

Using natural landscapes and plantings as part of a Complete Streets policy helps to calm urban traffic and improve the quality of experience for pedestrians. This was especially effective when native plants and shrubs were used as well as incorporating water features such as fountains and ponds as part of bioswales for stormwater management. [14]

Provide economic value.

Studies completed by the US Department of Agriculture show that urban tree canopies deliver over $18.3 billion in annual environmental and economic value. [15] This value is derived from shade that reduces cooling demand, health improvements from absorbing pollutants in the air, and sequestering carbon in trees.

Mature trees act as critical infrastructure that boost property values, mitigate the urban heat island effect, and improve public health. [16]

Green Infrastructure can contribute to stormwater management by diverting storm surges into bioswales and rain gardens.

Especially if these are planted with native species, they can also support birds and pollinators within the urban environment. The Forest Hills Borough Building has bioswales that capture all stormwater from the property.

Zoning and policy support can encourage land uses that include landscaping with native

species, wilding lawns, encouraging urban agriculture for local food production and to connect people to nature, using neighborhood park and open spaces as part of blight remediation.

Biophilic Design in Public Buildings and Urban Spaces incorporates natural elements like greenery, water, and natural light, enhancing both the physical and mental well-being of the people who occupy these spaces.

Sustainable energy features and natural landscaping are especially easy to incorporate into the design of new buildings or major renovations of public buildings or public spaces. In Forest Hills Borough, the Late Bloomers Garden Club and the Forest Hills Garden Club plant and maintain native plantings and pollinator gardens in the Ardmore Boulevard and in Forest Hills Park. Borough plantings include native species and integrated pest management practices to protect pollinators and wildlife.

We are part of the interconnected web of Life.

Every opportunity we can take as local leaders to make our communities more resilient, more beautiful with living landscapes more supportive to wildlife, birds and pollinators, the more our communities will support living in harmony with nature.

When we preserve the living earth, we preserve and strengthen our own life support system.

Patricia M. DeMarco is the Mayor of the Borough of Forest Hills, PA. She is a Pittsburgh author with a doctorate in Biology from the University of Pittsburgh. She has spent a fifty-year career in energy and environmental policy in both private and public sector positions.

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Benefits of Heritage in Creating a Healthy Community

BY ANTONE PIERUCCI , EXECUTIVE DIRECTOR, DELAWARE & LEHIGH NATIONAL HERITAGE CORRIDOR, INC.

Places are essential to life. To live is to be somewhere, after all – in a country, in a state, in a town, in a neighborhood. It seems silly to say it, but oftentimes the things left unsaid are the easiest to overlook – and once overlooked, to undervalue. So, at the risk of seeming silly, let me be clear: places matter.

To prove my point, I want you to picture in your head a treasured memory from your childhood and keep it in your mind for as long as you can. Any memory whatsoever. But be sure to let it linger in your mind's eye until it has settled and the image is clear.

Now, how quickly did the setting – that is the space in which your memory unfolded – come flooding back to you?

Our memories – our very identities – are constructed around and among our physical environments – our homes, neighborhoods, downtowns, and schools. The raw spaces of these settings transform into meaningful "places" as they accumulate significance in our lives and become imbued with personal and cultural meaning.

But places matter for more than personal, individual reasons. The conviction that places are central to healthy communities lies at the heart of the Pennsylvania Heritage Area program – a state program that leverages federal, local, and private resources to preserve important places, landscapes, and history.

Heritage Areas, Outdoor Recreation, and Community Health

The 1976 Bicentennial woke Americans up to the importance of local history and across the country states found ways to encourage grassroots preservation. At the national level, the Reagan-era National Park Service capitalized on this upswell in localized interest. Seeing an opportunity to model "small government" by preserving important landscapes without expanding federal land, the national heritage area program was ushered in as a "new type of national park."

Simultaneously, Pennsylvania developed its own, state-level program. Today, the Pennsylvania Department of Conservation & Natural Resources manages the coordination and funding for 12 heritage areas that touch 57 of the commonwealth's 67 counties. Many of these heritage areas are nonprofit organizations like the Delaware & Lehigh National Heritage Corridor (DLNHC), located in eastern Pennsylvania. DLNHC serves as an example of how state and national heritage areas in Pennsylvania use the power of place to improve the wellbeing of their communities.

Created by an act of Congress as the nation's third national heritage area in November 1988, DLNHC centers on the Delaware and Lehigh canal systems, which brought anthracite coal to market to fuel the industrial revolution in the mid-19th century. Over the past 38 years, DLNHC has worked to transform these canal towpaths and rail lines into Pennsylvania's

Figure 1. Bikers enjoy a ride along the towpath of the D&L Trail in the Delaware Canal State Park

Public Health

longest multi-use trail. After decades of work, the D&L Trail now runs from Bristol outside of Philadelphia to the Pocono Mountains, where it will eventually meet Wilkes Barre and the Susquehanna River – stretching to more than 165 miles once completed.

The D&L Trail has become an invaluable recreational asset for the communities along its stretch, resurrecting the industrial landscape for a different, though still beneficial, use. Through trail counters, surveys, and geolocational tools, over the years DLNHC has tracked the use of the trail and its impact to local community health. Since the first mile opened in the 1990s, millions of people have walked, biked, or ran the D&L Trail. Most of those trail users live within 25 miles of it, suggesting that the health benefits of such assets accrue most readily to local communities.

Figure 2: the community comes out for a group walk along the trail as part of the Get Your Tail on the Trail program

Leaning into this localized approach, DLNHC has also developed programs, like Get Your Tail on the Trail (GYTOT), to encourage those communities to actively use the trail. Created in 2013 as a partnership with St. Luke's University Health Network, GYTOT has built a pipeline of events, small group meetups, and mile-tracking challenges for folks to go from couch potatoes to their first 5k while using any of the trail networks in the Lehigh Valley, including the D&L. Over the years, tens of thousands of people have used the GYTOT mobile app to track their activity and nearly 10,000 have attended guided trail walks. And, for those who have long put their couch potato days behind them, DLNHC and St. Luke's also organize the D&L RaceFest marathon and half-marathon, which annually brings more than 2,000 runners to the D&L Trail as they race from Allentown to Easton.

These are programs that have directly sought to move the needle on community health, and DLNHC is not the only state heritage area to take this approach. The Schuylkill River Greenway, another national and state heritage area to the south, has helped develop the 80+-mile long Schuylkill River Trail and activates the river itself through guided programs like the Schuylkill River Sojourn, which gets people recreating on the river every year. In fact, most of the other state heritage areas are involved in some capacity with the development of outdoor recreational assets like trails, transforming place-specific historical resources into more opportunities for Pennsylvanians to get outdoors and move.

But herein lies a key distinction between heritage areas and other organizations dedicated to outdoor recreation – a distinction that makes our work all the more vital. Getting people outdoors for exercise is not the point, though it is a happy downstream benefit of what we do. Rather, heritage areas are in the business of preserving a sense of place.

There is a long tradition in the American conservation movement of dragging people outdoors. The wilderness must be felt – it is not a force that can be understood intellectually, but viscerally with your calloused hands, aching legs, and pumping heart. In 1903, John Muir famously took then-president Teddy Roosevelt on a three-night camping traipse through the majesty of Yosemite in California. They spent their days hiking through the redwoods and nights around the campfire. The President returned muddy, tired, and convinced of the need to protect America's natural landscape – and later signed orders to protect more than 230 million acres of public land.

Alas, I am no John Muir and President Trump isn't returning my phone calls. But the basic principle of campfire diplomacy remains sound. Trails like the D&L are our greatest tool to get people to build a relationship to their backyards and the amazing historic and natural resources located there. Research coming out of the UK and Europe is showing that these relationships people build with the places in their lives not only engenders a greater desire to see these resources preserved but also builds a foundation for a healthy life.

Heritage Areas, Place, and Wellbeing

Research coming out of the UK and Europe has quietly been building the case for the work heritage areas are doing across the Atlantic in Pennsylvania. In 2024, a landmark study drew on data from nearly 25,000 individuals and approximately 400,000 designated heritage sites across England. It found a statistically significant positive relationship between the density of local heritage assets and residents' self-reported life satisfaction.[i] Crucially, this benefit came from the mere presence of nearby heritage — not from active participation in tours or museum visits. Simply living near everyday historic places measurably improved people's quality of life.

Another report published two years later went further, demonstrating that the emotional connections people form with familiar historic places are fundamental to mental health. Historic places provide "permanence" — a sense of stability and continuity that helps people feel secure in their surroundings.[ii] This is consistent with what researchers call "place attachment" — the deep emotional bond people form with familiar environments. The report also collated research from around the world that suggests that historic places possess restorative qualities comparable to natural green spaces.[iii] A 2019 study in Italy measured both the physiological and psychological benefits of touring a historic site. Salivary cortisol levels were measured before and after the visit, alongside a survey to determine relative sense of wellbeing. The findings revealed an average 60% decrease in cortisol levels indicating reduced physiological stress, coupled with a 40% increase in subjective wellbeing.[iv]

Research in geography and urban planning have long discovered that **where** you live has a significant impact on how **well** you live. The growing body of research from overseas is finding that if the place where you live includes historic buildings and landscapes, and you have had a chance to develop a "sense of place" – or even just spend time touring these sites – you are more likely to be happier and healthier.

That's why all the programs cited above – from GYTOT and the D&L RaceFest marathon, to the Schuylkill River Sojourn – aren't just about getting people active. They have been designed to get nearby communities exposed to the remarkable resources in their backyards. The trails and rivers, and all our programming, is how heritage areas engage in campfire diplomacy while simultaneously instilling a sense of place in our communities.

Figure 3: DLNHC invites local elementary students and visitors to experience the last mule-drawn canal boat ride on the east coast at the National Canal Museum in Easton.

Investing in Place is an Investment in Community Wellbeing

This work of connecting communities to their local landscape is particularly challenging in a state like Pennsylvania, which resembles a digital image – from a distance you can discern a cohesive state, but upon closer inspection, the image atomizes into pixelated communities, each with its own history, its own culture, and – often – its own elected officials. The challenge of clustering these pixels and thinking across the landscape, that is regionally, is challenging.

And yet, that is exactly what Pennsylvania's 12 state heritage areas are meant to do. Over the years, organizations like DLNHC have developed a collaborative business model that allows them to hold the regional image in mind while operating at the pixel level.

Once again, DLNHC is a helpful illustration. The heritage area doesn't own a single mile of trail. Instead, it has helped develop the trail through partnerships with more than 30 different landowners; through project and grant management support; and through advocacy at the local, state, and federal level. Collaboration is hard. Keeping dozens of municipal and nonprofit partners focused on the same goal over decades of election cycles and staff turnover, global economic downturns and pandemics – is a monumental challenge.

But, as Theodore Roosevelt remarked in a speech given a few years after that camping trip among the redwoods, "nothing in the world is worth having or worth doing unless it means effort, pain, difficulty."

Preserving the special places in Pennsylvania and improving the wellbeing of our communities certainly fits the bill, and its work Pennsylvania state heritage areas are uniquely positioned to do.

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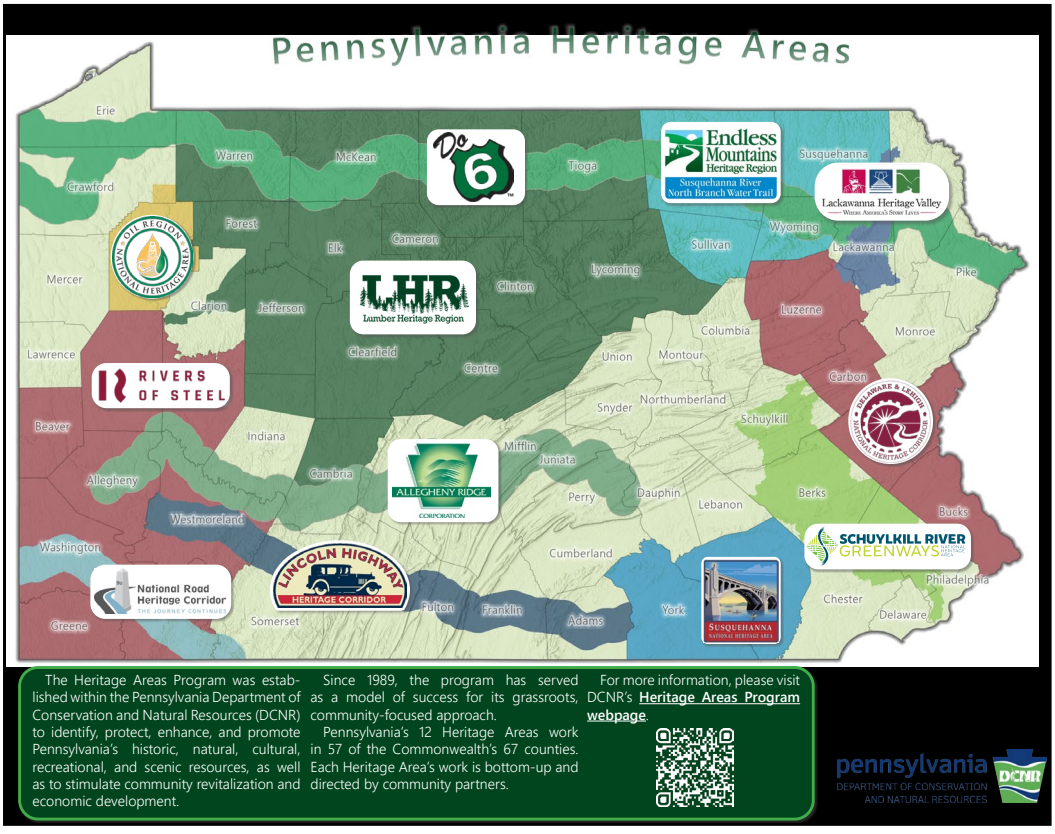
Tony is the Executive Director for DLNHC and has more than a decade of experience in the museum and public history and outdoor recreation field, with a focus on environmental planning, historic preservation, and museum interpretation. He has extensive experience providing strategic leadership to cultural organizations across the country, managing not only the physical sites but their financial assets and personnel as well.



Forever Chemicals, Immediate Risks: PFAS Public Health Impacts for Pennsylvania Municipalities

BY KYLA TENGDIN, EDUCATION & OUTREACH, SL ENVIRONMENTAL LAW GROUP AND VALENTINA MARASTONI-BIESER, VP CLIENT ENGAGEMENT, SL ENVIRONMENTAL LAW GROUP

For many Pennsylvania municipalities, PFAS (per- and polyfluoroalkyl substances) have created new challenges for budgets, operations, and risk management. These "forever chemicals" have been associated with negative health effects ranging from elevated cholesterol to thyroid disorders to certain cancers. In response, federal and state agencies have enacted new rules and regulations to control the spread of contamination. While intended to protect public health, these requirements can also lead to unexpected costs for local governments already working with limited budgets.

For years, most public discussion and regulatory attention focused on PFAS in drinking water. Now, many cities are learning that their exposure may be broader. Because PFAS are used in many consumer and industrial products, they can enter wastewater and the residuals left by wastewater treatment, called biosolids, through no fault of utilities. States across the country are addressing this concern by adding testing requirements and restrictions on biosolids management. At the same time, cities that own or manage airports, firefighting training facilities, or landfills may discover soil contamination and incur costs due to tightening rules over management of PFAS-containing products.

Confronted with these unprecedented challenges, municipal leaders have found new approaches to protect the health of their communities while protecting municipal budgets from current and potential future PFAS management costs. Among other funding options, such as state and federal grants and loans, one forward-thinking strategy is to hold polluting PFAS manufacturers accountable through legal action. As a proactive approach, municipalities in Pennsylvania and across the country are using litigation as a potential funding source—whether or not they have yet incurred PFAS-related expenses.

By understanding the health risks that PFAS may present, and by exploring available solutions, Pennsylvania municipal officials and staff can make more informed decisions, protect their communities, and build long-term resilience.

PFAS & Public Health: A Developing Risk

PFAS are a growing public health concern because they persist in the environment for decades and can accumulate in the human body over time. For residents in PFAS-contaminated areas, this can mean a lifetime of compounding exposure, potentially leading to serious health impacts. Long-term exposure to PFAS has been associated with increased cholesterol levels, reduced antibody response to some vaccines, hypertension and preeclampsia during pregnancy, changes to thyroid function, small decreases in birth weight, and increased risk of kidney and testicular cancers.

For municipal leaders, these risks are not abstract. Local governments are often responsible for providing safe drinking water, operating wastewater systems, managing public facilities, and communicating clearly with residents when environmental hazards may affect community health. Even if PFAS contamination originates from manufacturers or upstream sources outside their control, cities may be expected to monitor, investigate, treat, or otherwise manage the consequences.

State & Federal Regulatory Response

Initially, attention centered on PFAS in drinking water due to the critical role safe drinking water plays in protecting public health. Regulatory agencies began setting standards due to evidence of negative health effects associated with PFAS ingestion through drinking water, as well as the frequency and length of exposure that comes with a lifetime of drinking contaminated water. In 2023, Pennsylvania announced its state-level maximum contaminant levels (MCLs) for PFOA and PFOS, two legacy PFAS chemicals, in drinking water. The MCLs were set at 14 parts per trillion (ppt) for PFOA and 18 ppt for PFOS. Then, in 2024, the United States Environmental Protection Agency (EPA) finalized national drinking water standards for several PFAS compounds at even lower concentrations. Although EPA has since rescinded several of these standards under the current administration, it has confirmed it will maintain and enforce its MCLs of 4 ppt for PFOA and PFOS. This amount is roughly equal to four drops of water in an Olympic-sized swimming pool. In preparation for the new regulations, many cities have plans in place to manage PFAS in drinking water, such as the construction of advanced treatment facilities or purchasing water from other sources.

Now, just as municipalities are beginning to address PFAS drinking water contamination, public and regulatory attention is expanding to other pathways, including soil, wastewater, and biosolids. Municipal airports and firefighting training facilities have already faced increased costs due to their past use of Aqueous Film-Forming Foam (AFFF), which contains PFAS and was used in emergencies and training exercises for decades without warning these facilities—or the cities that own them—of any danger. Now, many facilities must clean or replace contaminated equipment and dispose of the toxic foam, and some may even require site investigations, remediation, or disposal of contaminated soil. Landfills can also be unexpected contamination sites, as PFAS from commonly discarded products can contaminate leachate that percolates into soil and groundwater over time. The cost of mitigating these potential public health risks can be a burden to municipalities that played no role in causing the contamination.

Wastewater treatment facilities are another potential area of PFAS concern. Standard wastewater treatment is not designed to remove PFAS, which often persist in effluent discharged to local waterways and in the biosolids produced through treatment. In areas where biosolids are used as fertilizers, some have raised concerns over the health impacts of direct contact with the soil or even consumption of crops grown in contaminated soil.

Regulations in many states are increasingly creating new PFAS-related obligations for wastewater systems, often resulting in significant additional costs. In 2022, Maine became the first state in the country to ban the land application and sale of biosolids and compost containing sewage sludge. Since the ban was enacted, some Maine utilities have seen disposal costs triple due to the elimination of land application as an affordable disposal method, while landfills have quickly reached capacity. In 2024, Connecticut followed Maine's example with a law prohibiting the use or sale of any biosolids or wastewater sludge containing PFAS as a soil amendment. Many other states have also begun requiring wastewater treatment facilities to test their biosolids for PFAS and restricting disposal options based on the PFAS concentrations detected.

PFAS Wastewater Monitoring in Pennsylvania

Since 2024, Pennsylvania's public wastewater utilities have been adapting to new PFAS monitoring guidelines that have been incorporated into National Pollutant Discharge Elimination System (NPDES) applications and renewals. The initiative promotes sampling for four PFAS compounds: PFOA, PFOS, HFPO-DA, and PFBS. If any of these contaminants are detected above reporting limits, the wastewater system may be subject to quarterly monitoring requirements. If none are detected above reporting limits, annual monitoring may suffice. Wastewater utilities are only released from PFAS monitoring obligations after four consecutive monitoring periods showing values below the reporting limits for all four PFAS compounds. For local officials and staff, additional planning may be needed during permit renewals, budgeting, rate-setting discussions, and capital planning.

Although Pennsylvania has not yet enacted regulations restricting the discharge of wastewater or the disposal of biosolids containing PFAS, the state's monitoring requirements may represent an early step in a broader regulatory process, as seen in other states.

Funding Solutions for Municipalities Affected by PFAS

Local governments do not produce or benefit from PFAS, but the current and developing regulatory landscape is requiring, or will require, them to address these "forever chemicals." In affected areas nationwide, this has led to exponential cost increases and major disruptions to systems that have worked for decades. Federal and state grants can help, especially for drinking water, but public funding is unlikely to cover every PFAS-related expense. Grants may be competitive, restricted to specific uses or populations, and insufficient for decades of operation and maintenance. Traditional financing, including bonds and other debt, can provide capital, but it does not eliminate the cost. Ultimately, repayment may still fall to taxpayers.

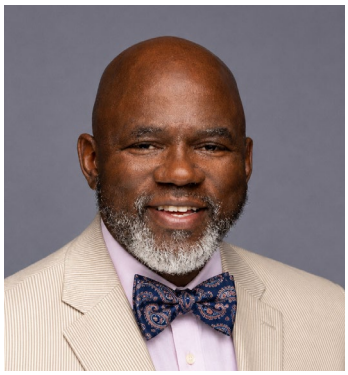
In addition to traditional funding strategies, many municipalities are also exploring litigation against PFAS manufacturers. Many claims involving wastewater and soil contamination have been grouped into the Aqueous Film-Forming Foam multi-district litigation (AFFF MDL), which streamlines the legal process while allowing each municipality to maintain control of its own claim and settlement decisions. The MDL has already led to settlements totaling over $14 billion for U.S. public drinking water providers and is expected to resolve other claims through future settlements or litigation. Municipalities affected by PFAS in wastewater or soil still have time to explore potential claims that may create funding opportunities.

While PFAS contamination can present risks to public health, municipal budgets, and utility operations, municipalities can take steps now to prepare for current and potential future challenges. Proactive leadership can help elected officials and staff build a safer, more resilient future for Pennsylvania communities while preserving affordability.

Valentina Marastoni-Bieser is VP of Client Engagement & Marketing. She is an experienced client engagement and marketing professional with over 17 years of experience spaning strategy, branding, corporate communications, demand generation, sales enablement, client success, and insights.

Kyla Tengdin workw with Education & Outreach. With a background in water education, nonprofit communications, and event planning, Kyla is dedicated to helping water systems learn more about emerging contaminants and evolving regulations.

APMM President's **Message**



CRANDALL O. JONES
CHIEF ADMIN. OFFICER
UPPER DARBY TOWNSHIP

APMM
ASSOCIATION FOR PENNSYLVANIA MUNICIPAL MANAGEMENT
A State Affiliate of ICMA

APMM.net

Greetings, Fellow APMM Members,

The foremost responsibility of municipal government is straightforward in principle but demanding in practice: protect the health and safety of the people and organizations that make up our communities. Whether serving a borough of a few hundred residents or a thriving city of tens of thousands, city managers and local elected officials share a common mission—to safeguard the communities entrusted to us.

Fulfilling that responsibility often requires decisions that are not immediately popular. Residents may understandably focus on the inconvenience of road closures, infrastructure projects, zoning decisions, emergency preparedness measures, or public health initiatives. Elected officials may face pressure to deliver quick solutions. However, effective municipal leadership requires something more than responding to the urgency of the moment. It requires the discipline to ask difficult questions, evaluate risks, consider long-term impacts, and ensure that today's decisions do not create problems tomorrow.

Healthy communities are built through thoughtful leadership. Public safety is more than police, fire, and emergency medical services. It includes reliable infrastructure, safe drinking water, resilient stormwater systems, sound financial management, code enforcement, emergency planning, environmental stewardship, and partnerships with healthcare providers and community organizations. Every decision made in municipal government has the potential to influence the health, safety, and quality of life of our residents.

That is why city managers must be thorough in assessing challenges, meticulous in planning and implementation, and mindful of unintended consequences. The work is rarely simple, and the path is not always the most politically expedient. There are times when the responsible course requires patience, careful communication, and the courage to recommend what is right rather than what is easy. If you have been in this profession long enough, you have been there many times.

The best municipal leaders understand that public trust is earned not only through visible successes but also through the countless unseen hours spent preparing, coordinating, analyzing, and anticipating. When emergencies arise, those investments in planning and diligence become the foundation for effective response and community resilience.

Protecting public health and safety is not a seasonal priority or a single department's responsibility—it is the lens through which we should view municipal decisions. Our communities deserve leaders who are willing to look beyond immediate pressure and remain steadfast in their commitment to thoughtful, responsible governance.

It is exacting work. It demands professionalism, integrity, and perseverance. But we accept that responsibility because we are city managers. It is what we do. And it is why healthy communities continue to thrive. Keep doing what we do!

Sincerely,

Crandall O. Jones


the ALLOY
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May 17-19, 2027
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Registration will open shortly.

PSATC President's **Message**

TODD K. MILLER
COMMISSIONER
CRESCENT TOWNSHIP

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Why attend the 2026 Municipal Leadership Summit in Hershey?

As the annual Municipal Leadership Summit approaches—co-hosted by the Pennsylvania Municipal League (The League), the Pennsylvania State Association of Township Commissioners (PSATC), and the Pennsylvania Fire Chiefs Association from Wednesday, October 7 through Saturday, October 10—we asked: With so much free information available online, what value does a professional conference still offer? The answer is simple: in-person events, including conferences, workshops, and lunch-and-learns, provide learning experiences and career opportunities that online resources cannot fully replace.

Here are three reasons attending the Summit remains a smart professional investment:

*1. **Networking** - Social media helps us stay connected with peers near and far, but it cannot replace face-to-face networking. Research shows that networking plays a major role in job opportunities and that in-person meetings are vital for maintaining long-term business relationships. The Summit brings together professionals from varied backgrounds who share a common field or discipline, creating valuable opportunities to meet new colleagues, strengthen existing relationships, and exchange knowledge and experience.*

*2. **Expand your knowledge** - The internet offers more information than ever, with new ideas appearing every minute. While that access is valuable, the constant flow of content can be difficult to sort, track, and put into practice. The Summit helps make sense of that information through workshops, seminars, and sessions led by experts in the field. By learning about current trends and real-world applications from industry leaders, you gain practical insights you can bring back to your own Township.*

*3. **Be inspired** - The internet is an incredible resource, but spending too much time at a desk can make even meaningful work feel routine. Attending the Summit offers a chance to discover new initiatives, gain a fresh perspective, and renew your enthusiasm for the important work you do every day.*

By combining networking, learning, and engagement in one experience, the Summit helps support both personal and professional growth. It provides the tools, skills, and connections that are difficult to gain online, making them a meaningful investment in yourself and your career.

We invite you to join us at the 2026 Municipal Leadership Summit in Hershey this fall. I look forward to welcoming new attendees and reconnecting with longtime colleagues and friends.

Sincerely,

Todd K. Miller

Todd K. Miller

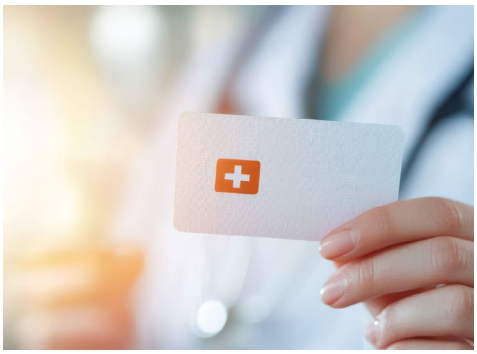
Autumnwood Park Playground Build - August 15 in Ferguson Township

This is our 16th project in conjunction with the PA Department of Conservation & Natural Resources, KABOOM!, a member municipality and numerous partners. This project would not be possible without the generous support of our sponsors, our League leadership, volunteers and everyone coming together to make it happen! Thank you to all! Check out the Facebook Album Here!







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Legislative Status Report
STATE

PREPARED BY AMY STURGES, LEAGUE DEPUTY EXECUTIVE DIRECTOR – ADVOCACY – asturges@pml.org
KAITLIN ERRICKSON, GOVERNMENTAL AFFAIRS MANAGER – kerrickson@pml.org

All legislation can be found on the General Assembly's website:

legis.state.pa.us

Legislative Update

League Members: Please Make Your Voting Delegate Appointments

Voting Delegate appointments for The Municipal Leadership Summit are due Monday, August 31. Contact Kaitlin Errickson, Governmental Affairs Manager, at kerrickson@pml.org with any questions.

Enacted Legislation

Act 29 of 2026
House Bill 858
Signed: July 20, 2026
Effective: September 18, 2026

Act 29 directs a county chief assessor to create and maintain a list of contact information for real properties located within their respective county. Contact information is added to the list under two circumstances - within 30 days of the purchase of property or if a property owner is cited for a violation of a municipal ordinance or code. Any changes in ownership must be reported to the chief assessor within 30 days. Individuals, businesses, and LLCs are required to submit their contact information under this Act, though owner-occupied real property is exempt from this requirement.

A municipality may request contact information from the chief assessor if there is a demonstrated reasonable need and use for the information. A county may levy a fine up to $500 against a property owner or the owner's representative that intentionally or knowingly provides false or incorrect contact information or fails to update contact information as required.

Act 44 of 2026
Senate Bill 349
Signed: July 20, 2026
Effective: January 16, 2027

Act 44 amends Title 27 (Environmental Resources) providing for the decommissioning of solar energy facilities.

The Act requires all agreements allowing for the lease of land to operate a solar energy facility to include a section stating that the owner of the facility is responsible for the facility's decommissioning no later than 18 months after it ceases producing electricity. The decommissioning plan must be submitted, along with proof of financial assurance to the county recorder of deeds no later than 30 days before beginning construction. The owner of the facility is required to provide updates regarding the decommissioning plan and financial assurance every five years until the agreement expires. The Department of Environmental Protection must develop regulations and requirements for a decommissioning plan, including:

- Removal of all non-utility-owned equipment, conduits, structures, fencing, and foundations;
- Removal of graveled areas and access roads;
- Restoration to a condition reasonably similar to the pre-construction condition;
- Reseeding of any cleared areas;
- Requirements of financial assurance; and
- Attestation to prevent forced labor.

Lastly, this Act preempts any local government ordinance or regulation that materially impedes its purposes.

Legislation Affecting Local Government

Dedicated Property Taxes for Police

House Local Government Committee - June 24, 2026

House Bills 2667, 2668, and 2688 **(PNs 3702, 3703, 3756)**, introduced by Representative Jack Rader, would amend the First Class Township, Borough, Third Class City, and Second Class Township Codes authorizing a dedicated three mills of Property Tax specifically for police departments. The legislation would require approval of a local referendum before levying the additional millage.

Commercial Data Center Public Safety Act

First Consideration in the House - June 30, 2026

House Bill 2535 **(PN 3435)**, introduced by Representative Christine Sappey, would establish reporting requirements for large load data centers before they are issued a certificate of occupancy from a building code official. Data centers must provide the local fire official with the emergency operations floor plan and a generalized infrastructure inventory. After receiving the occupancy permit, data centers must provide an annual update to the fire official of the infrastructure inventory or a statement that no material changes have occurred. If there is a significant modification to the facility, including increasing the power load, the operator must submit an updated emergency operations floor plan. Information submitted under this bill would be considered confidential and exempt from the Right to Know Law. The local building code official would enforce this act. If the operator of a data center does not comply, it would be subject to a civil penalty of not more than $10,000 for the first offense and not more than $5,000 for each day the violation continues. Further, the certificate of occupancy can be revoked or suspended.

The Residential Economic Development District Grant Program

Second Consideration in the Senate – June 3, 2026

Senate Bill 1278 **(PN 1587)**, introduced by Senator Joe Picozzi, would create the Residential Economic Development District Grant Program to encourage workforce housing development. The program, administered by the Department of Community and Economic Development, would allow a municipality or county to apply for a grant, including documentation proving the applicant has/will adopt or implement pro-housing development policies or approved a major workforce housing project.

A pro-housing development policy would include any of the following:

- Having a process in place to increase the rate at which permits for housing developments are reviewed

- Having no or minimal parking requirements for developments that include residential units as a matter of right.
- Having a preapproval process in place for an expedited review of permits for a diverse range of housing developers.
- Subsidizing or decreasing costs related to water or sewer connections and extensions for major workforce housing projects.
- Acquiring and readying sites that are ready to be financed and built upon by developers.
- Reducing or eliminating impact, inspection and plan review fees for housing developers.
- Adopting a zoning plan that includes promoting higher density, small lot size and minimum setback requirements.
- Developing a comprehensive plan that promotes diverse residential development options.
- Conducting a traffic study, improving water or sewer infrastructure, improving roads or permitting both rigid and flexible pavement types.
- Developing partnerships to expand the provision of sewer and water services to new areas.
- Promoting the use of nontraditional building structures such as modular or manufactured homes.
- Allowing accessory dwelling units as a matter of right.
- Allowing for duplex, triplex and quadplex dwellings as a matter of right.
- Eliminating height restrictions as a matter of right.

A major workforce housing project must consist of at least 50 units allowing 50 individuals or families to live independently from one another.

House and Senate Session Days 2026

House	Senate
September 28-30	September 28-30
October 5-7, 18-21	October 5-7, 18-21
November 9-10	November 17-18

**reminder - session dates are subject to change*

Legislative Status Report
FEDERAL

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WHAT LOCAL LEADERS NEED TO KNOW ABOUT CONGRESSIONAL WATER LEGISLATION

AUTHORED BY CAROLYN BERNDT, LOCAL AUTHORITY & INTERGOVERNMENTAL RELATIONS SUSTAINABILITY & RESILIENCE AT THE NATIONAL LEAGUE OF CITIES

NLC and local leaders have been advocating Congress to take action on four key water priorities this year — infrastructure reauthorization, appropriations, water resources legislation and PFAS municipal liability protection.

Recently, House and Senate committees made progress on two of these priorities.

On July 14, the House Transportation and Infrastructure Committee unanimously approved the Water Resources Development Act (WRDA, H.R. 9497). Leaders can view additional information about the Committee's bill and NLC's letter of support.

Furthermore, on July 15, the Senate Environment and Public Works Committee unanimously passed its version of the bill, S. 4949. Leaders can view more information about the Committee's bill on its website, and can also view NLC's letter of support (PDF).

While both the House and Senate bills contain authorizations for flood control, navigation and ecosystem restoration projects and studies under the U.S. Army Corps of Engineers, importantly, the Senate bill also contains language reauthorizing drinking water, wastewater and stormwater programs under the U.S. Environmental Protection Agency (EPA).

Keep reading for a look at what is in each Committee's bill, and how local leaders can weigh in to get these bills across the finish line before the end of the year.

House Water Resources Development Act

The Water Resources Development Act is legislation that Congress typically passes on a biennial, bipartisan basis to improve the nation's dams, levees, ports, harbors and inland waterways, and improve flood and storm risk management.

The House bill contains **ten project authorizations** (four new and six modifications to existing projects) and **131 new project studies**. Additionally, the House bill includes **nearly 200 new Environmental Infrastructure authorities and modifies 86 existing authorities**. The Environmental Infrastructure requests effectively serve as congressional-directed spending.

Senate Water Resources Development Act

The Senate bill contains **15 project authorizations** (eight new and seven modifications) and **61 feasibility studies** (47 for new projects and 14 for modifications to existing projects). Additionally, the Senate bill includes **77 new** Environmental Infrastructure authorities **and modifies 27 existing authorities.**

While some of the projects and studies are similar between the House and Senate bills, differences in the lists, wording or scope will be resolved during bill conference. States or communities with Army Corps projects should review the projects and studies lists in both bills.

One important policy difference between the bills is that the Senate bill includes reauthorization of key EPA water infrastructure funding and financing programs to help communities improve drinking water, wastewater and stormwater infrastructure. For example:

- **Drinking Water State Revolving Fund** – increasing authorization recognizing the challenge communities face in complying with EPA regulations on PFAS and lead.
  - FY27 – $3.75 billion (increase compared to current authorization level of $3.2 billion).
  - FY28 – $4 billion
  - FY29 – $4.25 billion
  - FY30 – $4.5 billion
- **Clean Water State Revolving Fund** – $3.5 billion (increase compared to current authorization level of $3.2 billion).
- **Water Infrastructure Finance and Innovation Act (WIFIA)** – $65 million
- **Midsize and Large Drinking Water System Infrastructure Resilience and Sustainability program** – $40 million (decrease compared to current authorization level of $50 million)
- **Drinking Water Infrastructure Resilience and Sustainability grants** – $25 million
- **Voluntary School and Child Care Lead Testing and Reduction grants** – $50 million
- **Reducing Lead in Drinking Water grants** – $100 million
- **Safe Water for Small and Disadvantage Communities grants** – $140 million
- **Enhanced Aquifer Use and Recharge** – $5 million
- **Water Infrastructure Workforce Development grants** – $15 million (increase compared to current authorization level of $5 million)
- **Sewer Overflow Control grants** – $280 million
- **Technical Assistance and Grants for Emergencies Affecting Public Water Systems** – $26 million (increase compared to current authorization level of $15 million)
- **Operational Sustainability of Small Public Water Systems** – $50 million
- **Pilot Program for Alternative Water Source Projects** – $5 million (decrease compared to current authorization level of $25 million)

Many of these priorities were outlined in NLC's water infrastructure reauthorization letter (PDF) earlier this year. The authorization levels above are for each Fiscal Year 2027-2030 unless noted, and they represent level authorization compared to current authorization unless noted.

New programs in the Senate bill include:

- Establishing a program to encourage support and maintain the participation of water systems in the Water Information Sharing and Analysis Center (authorized at $10 million for each Fiscal Year 2027-2030).
- Establishing a pilot program to award grants to purchase and distribute point-of-use filtration systems to lower potential contaminants in drinking water (authorized at $10 million for each Fiscal Year 2027-2030).
- Establishing a Digital Infrastructure Technology grant program to assist water systems in a rural area or an area of a state that is experiencing critical water supply needs to design, construct or maintain digital infrastructure technology (authorized at $15 million for each Fiscal Year 2027-2030).
- Directing EPA to conduct a study on technologies that may assist water systems in the detection, characterization, capture and removal of microplastics.

Next Steps and Take Action

The timing for each Chamber to move their bill to the Floor is uncertain, although Congress is on track to pass the WRDA legislation before the end of the year.

House and Senate Committee leaders may begin an informal conference negotiation process before the bills come up for a vote on each Chamber's floor.

Because the Senate bill includes EPA water reauthorization language, those provisions are part of the conference negotiations with the House. However, since neither the House Transportation and Infrastructure Committee nor Energy and Commerce Committee — which have jurisdiction for EPA wastewater and drinking water programs, respectively — have produced reauthorization bills yet, conferencing those provisions could be challenging.

Local leaders have an important opportunity to help move the WRDA/water reauthorization language across the finish line this year by letting their Members of Congress know the water infrastructure programs that are important to their community.

PODCAST ANNOUNCEMENT:

The League now has a podcast, *Engaged With The League*! Join us each month as we examine issues important to your work and your communities and get to know some of our League members. In our first episode, we discuss homeless encampments and find solutions for the unhoused in our communities. You can find us on Spotify, our YouTube channel, and our League website.

Public Finance

ARE YOU CONNECT-ED?

PLGIT'S CLIENT ACCOUNT PORTAL CELEBRATES FOUR YEARS OF SUPPORTING LOCAL GOVERNMENTS

BY TAMARA KEMMLER, INSTITUTIONAL SALES AND RELATIONSHIP MANAGER, PFM ASSET MANAGEMENT, A DIVISION OF U.S. BANCORP ASSET MANAGEMENT, INC.

Since its launch in May 2022, PLGIT's secure online transaction and reporting system, Connect, has become an important tool for public entity investors. More than 800 local governments and school districts have leveraged the platform to enhance their financial management and oversight capabilities. [1]

Recognizing that even successful tools can be improved, PLGIT and PFM Asset Management LLC (PFMAM)--PLGIT's investment adviser and administrator—have remained committed to refining the user experience. Over the past year, they have introduced a range of thoughtful design updates and reporting enhancements aimed at making Connect even more intuitive and valuable for municipal users.

Despite the growing adoption and expanded functionality of Connect, some local governments have yet to fully explore all the portal has to offer. In this article, we'll provide a brief overview of the enhancements introduced over the past year, along with a reminder of the ongoing potential benefits this powerful online resource delivers to a municipality's operations.

[1] As of May 19, 2026

Fewer forms; more flexibility – Connect's newest feature

PLGIT has expanded the self-service capabilities in Connect to help local governments manage their accounts more quickly and efficiently. The latest enhancement allows users to open subaccounts directly through the Connect portal—eliminating paperwork and reducing wait times.

Opening a subaccount is simple. Users can navigate to the "Organizational Settings" section on their dashboard and select "Open New Account." After entering a few key details, Connect will establish the new subaccount within 48 hours.

Why use subaccounts?

Subaccounts provide a variety of operational and reporting advantages, including:

- **Fund segregation** – Easily track and manage funds based on their specific purpose
- **Enhanced transparency** – Streamline reconciliation and improve audit trails
- **Cash flow clarity** – Clearly distinguish between short-term liquidity and long-term reserves

Dependable features and functions

There are many reasons that Connect has earned strong appreciation from users since its launch. Below are just a few of its key features:

Detailed Account Dashboard - Users can view balances, recent activity, and key metrics across all active accounts in a single, intuitive dashboard—making it easy to monitor financial positions at a glance.

Expanded Recordkeeping Options - Connect enables users to view and download historical month-end holdings through the "Activity History" section, conveniently located on the left-hand navigation menu.

Interactive Graphics – Clear, visual representations of users' PLGIT relationship and investment allocations

are available through easy-to understand graphs and charts.

Current Yields at Your Fingertips - Investors don't have to wait to see current liquid and fixed-rates. Local governments have access to daily liquid rates--PLGIT-Class, PLGIT/Reserve-Class and PLGIT/PRIME—as well as fixed rates through PLGIT/Term. Current 7-day yields for PLGIT's liquid investment options are always available at www.PLGIT.com.

More Data, Easier Access - Municipalities can quickly access key data points such as "Pending Activity," "Recent Activity," and more. Historical account activity can be filtered by transaction type, investment type, account and/or date, while an enhanced search feature makes it easy to find specific activity.

Transaction Module - Connect's transaction module allows users to transfer funds between accounts and share classes, as well as ACH and wire transactions to and from other financial institutions. Recent Connect upgrades make managing these ACH and wire transactions even easier through the "Organizational Settings" option in the Connect menu.

Detailed Reporting Capabilities - Connect users can access monthly statements and daily confirmations, send and receive documents, and more. This functionality was recently updated with a new, streamlined "Statements & Documents" section, making it easier to locate and manage important materials.

Security Features - Robust, existing security measures remain in place, including Multi-factor Authentication (MFA), the Notification Center, and the Check Verification Process (Reverse Positive Pay).

If you currently work with PLGIT by phone, fax, or U.S. mail, we encourage you to log in to Connect and explore its features. If you have questions about Connect or any of its functionality, please contact your PLGIT representative.

Tamara Kemmler *is an Institutional Sales and Relationship Manager based in Pittsburgh, Pennsylvania, supporting public sector clients in western Pennsylvania. She is responsible for marketing the Pennsylvania Local Government Investment Trust (PLGIT) and its services to current and prospective participants, while also providing customer service and relationship management. She can be reached kemmlert@pfmam.com*

pfm asset management

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